

TOWN OF COLEBROOK
BUILDING DEPARTMENT
Phone: (860)379-3359 x201 Fax: (860)379-7215

DEMOLITION PERMIT

Permit # _____ **Date** _____
Estimated Cost \$ _____ **Permit Fee \$** _____

Location _____
Street Address _____ Map _____ Block _____ Lot _____ Account _____

Contractor _____ **License No.** _____

Address _____

Phone Number _____ **Cell#** _____ **Pager** _____

Owner _____

Address _____

Phone No. _____

Description Of Building _____
(single family, multifamily, commercial, Barn, shed garage, etc.)

We, respectfully the owner of the structure described above, and the contractor retained to demolish that structure, hereby declare our intention to comply with the State Demolition Code as set forth in Chapter 541, Part IV of the Connecticut General Statutes.

Applicant Signature / Date

Owners Signature / Date

Building Official / Date

Fire Marshall / Date

Wetlands Agent / Date

Public Works / Date

Demolition Check List

- 1) Certificate of Insurance
 - a) Liability Coverage for bodily injury
\$100,000 per person
\$300,000 aggregate
 - b) Property Damage
\$50,000 per accident
\$100,000 aggregate
 - c) Town shall be saved harmless from claim.
 - d) Workers Compensation as required by law.
- 2) Letters from Public Utilities
 - Power Company
 - Gas Company
 - Cable Company
 - Water Department
 - Sewer Department
 - Telephone Company
- 3) Copy of Contractors Certification of Registration
- 4) Notice to adjoining property owners by registered mail
- 5) Asbestos Inspection Report
- 6) Signature of both owner and Contractor
- 7) Fencing :
Required Waived
- 8) Sidewalk Shed :
Required Waived
- 9) Waiting Period prior to demolition:
Required Waived

Location of where debris will be disposed:

Signature of Owner /Date

Signature of Applicant /Date