



Town of Trumbull

Application for Demolition Permit

Date: _____

Permit #: _____

Structure location: _____

Description of Structure: _____

Number of stories: _____ Square Footage: _____ Height: _____

Property Owner: (Print): _____

Signature: _____

Property Owners Address: _____

Phone: _____ Email: _____

*If acting as Owner agent: **Letter of Authorization** with live signature is required:

Owners Agent: (Print) _____

Signature: _____

Demolition Contractor: Company Name: _____

Licensees Name: (Print): _____

Signature: _____ License No: _____

Estimated cost of Demolition: _____ Permit Fee: _____

Hard Copies Required Before Permit Is Issued:

Copy of tax assessor's field card ____

C.G.S. 29-406 Certificate of insurance-specifying demolition purposes. Bodily injury liability- 100,000/ person 300,000/ aggregate property damage 50,000 accident/ 100,000 aggregate. ____

C.G.S. 29-406: Certificate of notice by all public utilities. ____

C.G.S. 29-406 Current valid certificate of registration: (Type-A or Type-B) ____

C.G.S. 29-406: 90 day waiting period – historic building ____

C.G.S. 29-407 Notice to adjoining property owners. By registered or certified mail received. (green cards) ____

C.G.S. 8-3: Zoning Dept. ____ **C.G.S. 29-263:** Fire Marshal ____

C.G.S. 29-408: Fencing Required? ____ **C.G.S. 29-413:** Fill to grade ____

C.G.S. 29-412: Disposal of debris ____ **C.G.S. 29-409** Sidewalk shed? ____

2014 IBC/IRC 106.2 Site plan required ____ **PA 95-277** Workman's Compensation ____

Notification of intent to file for demolition permit (For Historic Buildings):

Zoning Signature: _____ Date: _____

Buildings Officials Signature: _____ Date: _____

All requirements shall be provided or application will be rejected as incomplete

Address: _____

Description of Work: _____

Reviewed By: _____

A CERTIFICATE OF INSURANCE IS REQUIRED FOR ALL CONTRACTORS

Note on insurance: Certificate must state Trumbull & agent shall be held harmless from any claim arising out of negligence in course of demolition operations.

Departmental Approval for Demolition Permit

Required

() Planning & Zoning _____ Date: _____

() Town Commission _____ Date: _____

() Historic Committee Release: _____ Date: _____

() Engineering Release Form: _____

() Inland Wetlands _____ Date: _____

Flood Plain? Yes: _____

() W.P.C.A. _____ Date: _____

City Water: _____ Sewer: _____

() Health Department _____ Date: _____

Well: _____ Septic: _____

() Fire Marshal _____ Date: _____

() Tax Collector Release Form _____