



# 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:

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 \_\_\_\_\_ Date: \_\_\_\_\_

( ) Inland Wetlands \_\_\_\_\_ Date: \_\_\_\_\_

Flood Plain? Yes: \_\_\_\_

( ) W.P.C.A. \_\_\_\_\_ Date: \_\_\_\_\_

City Water: \_\_\_\_ Sewer: \_\_\_\_

( ) Health Department \_\_\_\_\_ Date: \_\_\_\_\_

Well: \_\_\_\_ Septic: \_\_\_\_

( ) Fire Marshal \_\_\_\_\_ Date: \_\_\_\_\_