



Town of Easton

225 Center Road
Easton, Connecticut 06612
(203)268-6291

APPLICATION TO DEMOLISH

Permit # _____

Date of Application _____

The undersigned hereby applies for a permit to demolish a building according to the following details:

1. Location _____ Main or Accessory building.
2. Between what streets _____
3. Present use (if vacant, give reason for which building was designed):

4. Type of construction _____ Units _____
5. Number of stories _____ Size _____
6. Work will be started at above loc. _____
7. Are any Public Utility services connected to this building: Yes ___ No ___
8. If yes, discontinuance of services approved by: Gas Co. _____
9. Aquarian Water _____ Frontier _____ U.I. _____
10. Location of Dump Site _____

Must send letter of acceptance from above named dump site.

Make adequate provision for capping off storm or sanitary sewer piping.

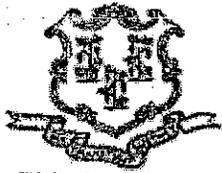
The undersigned owner or agent and demolition contractor agree to demolish the above described building or structure in accordance with Public Act 551 of the State of Connecticut and the Ordinances of the Town of Easton.

Signature of Owner
Or Authorized Agent _____

Signature of Contractor _____ Lic. # _____

Work Completion Date _____ By: _____

Building Official Approval _____



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DEMOLITION / NOTIFICATION FORM**

<i>State Use Only</i>	
Postmark Date:	_____
Check #:	_____
Transmittal #	_____
Record #	_____

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of demolition as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3. In case of emergency notifications, this form is to be completed and postmarked or hand delivered within one (1) working day following the start of demolition. A copy of the written order requiring demolition prepared by a state or local building official shall accompany each emergency demolition notification. Faxed originals are not acceptable. Revisions to the original notification form may be faxed.

Each demolition notification must be accompanied by a fee of twenty-five (\$25) dollars. A check in that amount made payable to "Treasurer, State of Connecticut" must be submitted with the notification form. If it is determined that during demolition, asbestos abatement that disturbs more than ten (10) linear or twenty-five (25) square feet of asbestos will occur, then an asbestos abatement notification form shall be filed with the Department of Public Health, in accordance with §19a-332a-3 of the RCSA. This form shall be submitted at least ten days prior to the start of asbestos abatement. An asbestos abatement notification form filed in this situation shall satisfy the filing requirements of the demolition notification. **In all cases of demolition, one and only one notification form (either for demolition or for asbestos abatement, as applicable) shall be sufficient to satisfy the DPH regulatory requirements.**

1. TYPE OF NOTIFICATION

A. NEW | EMERGENCY C. REVISE ITEMS REVISED _____

2. FACILITY OWNER/OPERATOR:

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE NO.: _____ CONTACT PERSON: _____

3. DEMOLITION CONTRACTOR:

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE NO.: () _____ CONTACT PERSON: _____

In accordance with Section 61.145 of the U.S. Environmental Protection Agency's National Emission Standards for Hazardous Air Pollutants (NESHAPs) regulation, the owner or operator of a facility shall, prior to the commencement of renovation or demolition, inspect the affected portions of the facility for asbestos, including Category I and Category II nonfriable asbestos.

4. PRE-DEMOLITION ASBESTOS SURVEY CONDUCTED BY:

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE NO.: () _____ INSPECTOR DPH LICENSE NO.: _____

5(A) START DATE: _____

d/m/yyyy

5 (B) COMPLETION DATE: _____

d/m/yyyy



Phone: (860) 509-7367/ Fax (860) 509-7378
 Telephone Device for the Deaf: (860) 509- 7191
 410 Capitol Avenue, MS# 51 AIR
 P.O. Box 340308
 Hartford, CT 06134-0308
 Affirmative Action / An Equal Opportunity Employer

6. NAME OF FACILITY:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

7. USE OF FACILITY:

A. SCHOOL (K-12) _____ B. PUBLIC BUILDING _____ C. MANUFACTURING _____ D. OFFICE _____
E. COLLEGE _____ F. COMMERCIAL _____ G. CHURCH/SYNAGOGUE _____ H. RESIDENTIAL _____
OF DWELLINGS _____ I. OTHER _____ (SPECIFY) _____

8. BUILDING DATA _____ SQUARE FEET _____ # OF FLOORS _____ AGE _____

9. DEMOLITION DISPOSAL FACILITY

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

10. DEMOLITION WASTE HAULER:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

11. PERSON COMPLETING THIS FORM:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

SIGNATURE:

DATE: