

DEMOLITION PERMIT

Permit # _____



TOWN OF BETHANY

40 Peck Road
Bethany, CT 06524

Phone: (203) 393-2100 X113
Fax: (203) 393-0828

Permit fee _____

Total _____

Check # _____

Date _____

| | | | |
|-----------------------------|--------|----------------|------|
| JOB LOCATION: | | DESCRIPTION: | |
| OWNER'S NAME: | | | |
| OWNER'S STREET ADDRESS: | | | |
| TOWN: | STATE: | ZIP: | |
| AREA CODE & HOME PHONE NO: | | WORK PHONE NO: | |
| CONTRACTOR'S NAME: | | TELEPHONE NO: | |
| ADDRESS: | TOWN: | STATE: | ZIP: |
| EST. COST OF DEMOLITION: \$ | | | |

HARD COPIES REQUIRED BEFORE A PERMIT CAN BE ISSUED

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| 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 - Note on Insurance: Bethany & Agent's held harmless from any claim arising out of negligence in course of demolition operations | |
| C.G.S. 29-406: Certificate of Notice by all public utilities CL&P, phone cable, gas | [] |
| C.G.S. 29-406: Current valid certificate of registration: Type A Type B where applicable | [] |
| C.G.S. 29-406: 90 day waiting period - note - historic building | [] |
| C.G.S. 29-407 Notice to adjoining owner. By registered or certified mail received | [] |
| C.G.S. 8-3: Zoning Conservation 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? | [] |
| Sidewalk Shed? | [] |
| 1.BC106.2: Site plan, required | [] |
| PA 95-277: Workman's Compensation | [] |

I certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, we agree to conform to all demolition applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

REQUIRED SIGNATURE OF CONTRACTOR _____

REQUIRED SIGNATURE OF OWNER _____

PRINTED NAME OF AUTHORIZED AGENT _____

SIGNATURE OF AUTHORIZED AGENT _____

BUILDING OFFICIAL'S SIGNATURE _____