DEMOLITION PERMIT

Permit # _____

TOWN OF STRATFORD
2725 Main Street
Stratford, CT 06615

Phone: (203) 385-4010
Fax: (203) 381-2053

Office Hours: 8:30 – 10:00 a.m.
1:00 – 2:00 p.m.

Permit fee_____

Total_____

Receipt #_____ 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			
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	[ ]		
C.G.S. 29-406: Certificate of Notice by all public utilities U.I., SCGC, Regional Water, Communications	[ ]		
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?	[ ]
BOCA-107-6: 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_____