

# DEMOLITION PERMIT APPLICATION

Building Dept.  
10 Main Street  
New Milford, CT 06776  
PH. # 860-355-6090  
FAX# 860-210-2664

Permit # \_\_\_\_\_  
Issue Date \_\_\_\_\_  
CBYD# \_\_\_\_\_  
CL&P letter attached  
Y  N

Owner of the building: \_\_\_\_\_ Address of building \_\_\_\_\_

# Of stories \_\_\_\_\_ Height of Building: \_\_\_\_\_ Type of Building \_\_\_\_\_

## REQUIREMENTS TO RECEIVE A DEMOLITION PERMIT

- 21 day waiting period for historical society approval
- Show financial responsibility in the form of a certificate of insurance specifying demolition purposes and providing liability coverage for bodily injury of at least \$100,000.00 per person with an aggregate of at least \$50,000.00 per accident with an aggregate of at least \$100,000.00
- **\*\*Each certificate shall provide that *The Town of New Milford* and agents shall be saved harmless from any claim or claims arising out of negligence of the applicant or his agents or employees in the course of the demolition operations.**
- You must have a certificate of notice executed by all public to be demolished, stating that such utilities have severed such connections and services.
- No permit shall be issued unless signed by the owner and the demolition contractor.

**The undersigned will comply with the provisions of the Connecticut state building code:**

Owners signature: \_\_\_\_\_

Demolition contractors signature: \_\_\_\_\_

**\*\*I** \_\_\_\_\_ Declare that the Town of New Milford and its agents shall be saved harmless from any claim or claims arising out of negligence of the applicant or the applicants agents or employees in the course of the demolition operations (CGS 29-402 subsection(c)and(4) )

**EMAIL ADDRESS** \_\_\_\_\_  
(PERMIT WILL BE EMAILED TO THIS ADDRESS-PERMIT WILL NOT BE MAILED)

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**VALUATION OF WORK:** \_\_\_\_\_ **PERMIT FEE:** \_\_\_\_\_

\_\_\_\_\_  
THOMAS P. HACKETT  
Building Official

\_\_\_\_\_  
WILLIAM MURPHY/ SHAWN MURPHY  
Assistant Building Officials