

**CITY OF GROTON  
DEMOLITION  
APPLICATION & PERMIT**

APPLICATION DATE: \_\_\_\_\_

ESTIMATED COST \$ \_\_\_\_\_

CITY FEE \$ \_\_\_\_\_

PERMIT # \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

FOR OFFICE USE ONLY

PROPERTY ADDRESS: \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_ NO. STORIES: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DEMOLITION CONTRACTOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

INSURED WITH: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DEMOLITION METHOD AND TYPE OF EQUIPMENT TO BE USED: \_\_\_\_\_

APPLICANT/OWNER/AGENT SIGNATURE: \_\_\_\_\_

I HEREBY CERTIFY THAT THE CITY OF GROTON AND ITS AGENTS SHALL BE SAVED AND HELD HARMLESS FROM ANY CLAIM, OR CLAIMS, ARISING OUT OF THE NEGLIGENCE OF MYSELF, MY AGENT(S), OR EMPLOYEE(S), IN THE COURSE OF DEMOLITION OPERATIONS. I FURTHER AGREE TO COMPLY WITH ALL PROVISIONS OF THE CONNECTICUT STATE DEMOLITION CODE AND DEEP REGULATIONS.

DISPOSAL SITE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**REQUIRED SUPPORTING DOCUMENTS TO ACCOMPANY DEMOLITION APPLICATION:**

- CERTIFICATE OF INSURANCE
- POSTAL RECEIPTS FOR REGISTERED OR CERTIFIED MAIL NOTIFYING ADJOINING PROPERTY OWNERS
- WRITTEN STATEMENT FROM SITE PERMITTEE ACCEPTING DISPOSAL FROM THIS PROJECT AND CERTIFYING THAT RECEIPTS SHALL BE PROVIDED TO THIS OFFICE MAIL
- CITY OF GROTON RESIDENTIAL/COMMERCIAL NOTIFICATION/APPROVAL FORM DEMOLITION PERMIT
- STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH DEMOLITION NOTIFICATION FORM

**THIS SECTION IS FOR GROTON UTILITIES ONLY**

I HEREBY CERTIFY THAT THE ELECTRICAL, WATER, AND SEWER SERVICES AT THE ABOVE-STATED ADDRESS HAVE BEEN DISCONNECTED.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
INSPECTOR'S SIGNATURE

\_\_\_\_\_  
DATE OF COMPLETION