



Town of Wallingford – Building Department

45 S. Main Street, Wallingford, CT 06492

(203)294-2005-office (203)203-294-2095-fax

Demolition

Permit Application & Checklist

1. Property Address: _____
2. Applicant Name: _____ Phone: _____
3. Cost of Demolition \$ _____
4. Description of Structure(s) to be demolished: _____

5. Submit a copy of State of CT Demolition Contractor License. Limited exceptions apply if property Owner will be performing demolition of his/her residence (Single Family Dwelling Only).
6. Submit Certificate of Insurance for State of CT Demolition Contractor per CGS 29-406(a).
7. Fill out and submit page 3 of this packet for declaration of “save harmless” statement required per CGS 29-406.
8. Copies of Utility / Private Disconnect Notices:
 - a) Wallingford Electric Division attached _____ n/a _____
 - b) Wallingford Sewer & Water Division attached _____ n/a _____
 - c) Phone Provider attached _____ n/a _____
 - d) Cable Provider attached _____ n/a _____
 - e) Natural Gas Provider attached _____ n/a _____
 - f) Propane Provider attached _____ n/a _____
9. List of adjoining Property Owners per CGS 29-407 and the copies of Certified Mail Receipts for each letter sent to those adjoining Property Owners.
10. Copy of completed and signed State Department of Public Health (DPH) “Demolition/Notification Form”. DPH requires \$50.00 fee submitted with form. See attached.
11. Submit certified mail receipts that proposed property has been notified to the Wallingford Historic Preservation Trust: 54 North Elm Street and the Wallingford Historical Society: 180 South Main Street, both Wallingford, CT 06492.

12. Submit proof that a licensed State of CT Extermination Company has performed an inspection and/or remediation by submitting a receipt or report showing the proposed structure is free of rodent infestation.
13. Submit report from a licensed State of CT Abatement Contractor regarding the property's asbestos and/or lead paint remediation, if any.
14. Submit abandoned approval letter from Wallingford Health Department for private well and/or septic system. Health Dept. located at Town Hall Room 215.
15. Contact "Call Before You Dig" and provide dig ticket number prior to commencing demolition.
16. **NOTICE:** Demolition activities must conform to requirements of "Renovation & Demolition: Environmental, Health & Safety Requirements" pamphlet issued by Bureau of Waste Management, Department of Energy & Environmental Protection at www.CT.gov. Document contains details on asbestos, lead, wastewater, dust, sandblasting, power washing, solid waste disposal, treated wood, etc...
17. **NOTE:** Please review the State of CT Demolition Code per section CGS 29-401 through 29-415 at www.CT.gov prior to commencing demolition.

Person(s) and/or Contractor(s) performing demolition will be required to meet these additional requirements:

1. Provide safety measures for site in accordance with CGS 29-408 unless waived by Building Official.
2. Provide sidewalk shed requirements per CGS 29-409, if applicable.
3. Suitable provisions for the proper disposal of all accumulated materials must be developed and maintained, demolition operations must be in accordance with CGS 29-412.
4. Site must be clear from all excess material, rubbish, debris, foundations, cellars, etc. and holes must be filled to grade level in accordance with CGS 29-413.

DEMOLITION NOT TO COMMENCE UNTIL PERMIT IS ISSUED

SIGNERS BELOW AGREE TO COMPLY WITH THESE PROVISIONS – SIGNERS MUST SIGN IN ACCORDANCE WITH CGS 29-406:

Property Owner Name	Property Owner Signature	Date
Demolition Contractor Name	Demolition Contractor Signature	Date



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DECLARATION OF CT GENERAL STATUTE 29-406

In accordance with Connecticut General Statute 29-406 I/We: _____
(circle) Contractor Name / Owner Name

associated with: _____
Contractor Company Name

hereby agree to save harmless the Town of Wallingford and its agents from any claim or claims arising out

of the negligence of the applicant or his agents or employees in the course of the demolition operations

associated with: _____
Property Address

.....do not write below this line.....

Permit Fee: _____

Cash Receipt Number: _____

Check Number: _____



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

DEMOLITION NOTIFICATION FORM

STATE USE ONLY

Postmark Date	
Check #	
Trans. No	
Amount Paid	
Record No.	

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. Each demolition notification must be accompanied by a fee of FIFTY (\$50) dollars, payable to "Treasurer, State of Connecticut".

For facilities that are regulated by the US EPA under the federal asbestos NESHAP, please review the guidance document issued by the EPA Region 1 regarding emergency renovations and demolitions.

Additional instructions are found on the back page of this form.

1. NOTIFICATION TYPE:

NEW EMERGENCY REVISED, ITEMS REVISED:

2. FACILITY OWNER:

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

3. LOCATION OF FACILITY TO BE DEMOLISHED:

NAME: _____
 ADDRESS: _____
 CITY: _____ CT _____
 ZIP: _____ PHONE NO. CONTACT: _____

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES NO

4. INSPECTION INFORMATION:

NAME OF INSPECTOR: _____
 LICENSE #: _____ DATE OF INSPECTION: _____
 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP: _____ PHONE NO.: _____

5(A.) DEMOLITION START DATE:

REVISED START

5(B.) COMPLETION DATE

REVISED END

6. USE OF FACILITY:

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



Phone: (860) 509-7367/ Fax (860) 509-7378
 Telephone Device for the Deaf: (860) 509- 7191
 410 Capitol Avenue, MS# 12AIR
 P.O. Box 340308
 Hartford, CT 06134-0308
 Affirmative Action / An Equal Opportunity Employer



7. **BUILDING DATA:** Size (SQ.FT. # OF FLOORS: AGE: YEARS
 ANY OUTBUILDINGS? DESCRIBE

8. **DEMOLITION CONTRACTOR:** _____

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

9. **DEMOLITION DISPOSAL FACILITY:**
 NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE NO.: _____

10. **DEMOLITION WASTE HAULER:**
 NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE NO.: _____

ADDITIONAL SITES, HAULERS, CONTRACTORS

11. **PERSON COMPLETING THIS FORM:**
 NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE NO.: _____

SIGNATURE _____ **DATE:** _____

RESET FORM **PRINT** **SAVE AS**

(Inspection information applicable to facilities subject to the asbestos NESHAP, 40 C.F.R., Part 61)

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 non-friable asbestos.*

The submission of the Notification of Demolition Form is not required provided that an Asbestos Abatement Notification Form was previously submitted to the Department of Public Health involving abatement related to the demolition of the facility. In that case, the Asbestos Abatement Notification Form submitted to the agency satisfies the notification requirement for demolition of the facility. In all cases of demolition, one and only one form (Notification of Demolition Form or Asbestos Abatement Notification Form, as applicable) shall be sufficient to satisfy the Department of Public Health notification requirements detailed in Section 19a-332a-3 of the RCSA.