



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. Email address: _____
4. Cost of Demolition\$ _____
5. Description of Structure(s) to be demolished:

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6. 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).
 7. Submit Certificate of Insurance for State of CT Demolition Contractor per CGS 29-406(a).
 8. Fill out and submit page 3 of this packet for declaration of “save harmless” statement required per CGS 29-406.

9. Copies of Utility / Private Disconnect Notices (please check mark):

a) Wallingford Electric Division	attached_____	n/a_____
b) Wallingford Sewer & Water Division	attached_____	n/a_____
c) Wallingford Health Dept (well and/or septic)	attached_____	n/a_____
d) Phone Provider	attached_____	n/a_____
e) Cable Provider	attached_____	n/a_____
f) Natural Gas Provider	attached_____	n/a_____
g) Propane Provider	attached_____	n/a_____

10. 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.

11. Copy of completed and signed State Department of Public Health (DPH) “Demolition/Notification Form”. DPH requires \$50.00 fee submitted with form. See attached.

B#_____

12. 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.
13. 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.
14. Submit report from a licensed State of CT Abatement Contractor regarding the property's asbestos and/or lead paint remediation, if any.
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

B# _____



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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: _____