



The City of Waterbury
DEPARTMENT OF INSPECTION
 26 Kendrick Ave
 Waterbury, CT 06702
 (203) 574-6832

PERMIT NUMBER:

Application for Demolition Permit

Date: _____

PLEASE PRINT LEGIBLY

Applicant:
 Name: _____
 Address: _____
 City/State/Zip: _____

LOCATION OF WORK:

Owner:
 Name: _____
 Address: _____
 City/State/Zip: _____

License Number: _____
 Phone Number: _____

Size of Building : Front: _____ Rear: _____ Deep: _____ Stories: _____
 Disposal Site: _____ Asbestos Disposal Site: _____
 Purpose of building was: _____ How many families: _____
 Has Health Department been notified? Yes No
 Have adjoining property owners been notified by registered or certified mail? Yes No
 Do you have written evidence that all public utilities have been severed?
 Electric Yes No
 Gas Yes No
 Water Yes No
 W.P.C. Yes No
 Cable Yes No
 Telephone Yes No
 Will fence or barricade be erected? Yes No Will excavation be filled to grade? Yes No
 Certificate of Insurance on file? Yes No Permit Bond required? Yes No

ESTIMATED COST: \$ _____

The undersigned hereby makes application for a permit to demolish a building according to the detailed statement of the specifications and plans herewith submitted. All provisions of the State of Connecticut Demolition Code shall be complied with in the demolition of said building whether specified herein or not.

CONTRACTOR:
 PRINT NAME: _____ SIGNATURE: _____

OWNER:
 PRINT NAME: _____ SIGNATURE: _____

Do not write below this line - For Office use Only

Permit Fee: \$ _____
 CA: \$ _____
TOTAL: \$ _____

Date Issued: _____
 Issued By: _____
 Reviewed By: _____

