

## Important Information

All permit application forms must be printed on legal size paper (8 1/2" x 14"). Reduced size copies (printed on letter paper) are not acceptable because ample room is needed for handwritten notations on the applications by office staff.

Any forms that have a colored background must be printed in color.

Color printouts are necessary because the Division uses a color coding system. Print the following pages in color, on legal size paper.

Sign and have notarized where required.

Applications are not accepted by email.

**\*PLEASE NOTE:** While this Demolition Application form may be printed and filled out, there are other forms that must be obtained from the Building Inspection Division that must be completed in conjunction with this permit.



Town of Greenwich  
 DPW, Building Inspection Division  
 Town Hall - 101 Field Point Road  
 Greenwich, CT 06836-2540  
 Phone: 203-622-7754 - Fax: 203-622-7848

OFFICE USE ONLY
PERMIT NO. _____
ISSUE DATE: _____
COMPLETED BY APPLICANT _____
PARCEL ID _____

## PERMIT APPLICATION TO DEMOLISH BUILDING OR STRUCTURE

The undersigned owner or authorized agent applies for a permit to demolish an existing building or structure in accordance with the laws and ordinances of the Town of Greenwich, Chapter 541 of the Connecticut General Statutes and Chapter 33 of the Connecticut State Building Code.

(PLEASE TYPE OR PRINT)

### OWNERS AND AGENTS

PROPERTY OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_

PERMITTEE / LICENSED DEMOLITION CONTRACTOR	
[PERSON RESPONSIBLE FOR SUPERVISION OF DEMOLITION AND COMPLIANCE WITH ALL CODES AND ORDINANCES]	
NAME [TYPE] _____	ADDRESS _____
CT DEMOLITION LICENSE NO. _____	PHONE _____

INDICATE TYPES OF UTILITIES SUPPLIED TO STRUCTURE BY CHECKING THE APPROPRIATE BOXES. SUBMIT A LETTER FROM EACH APPLICABLE PUBLIC UTILITY CO. THAT SERVICE HAS BEEN DISCONNECTED OR IF PRIVATE UTILITY SUBMIT A LETTER FROM AN APPROPRIATE CT LICENSED CONTRACTOR VERIFYING SERVICE HAS BEEN DISCONNECTED OR CAPPED, SECTION 110.1, CSBC. PUBLIC SEWER REQUIRES A PERMIT TO DISCONNECT FROM SEWER DIVISION, DPW.

GAS                       PUBLIC WATER                       PUBLIC SEWER  
 ELECTRICITY                       PRIVATE WELL                       PRIVATE SEPTIC  
 STRUCTURE HAS NO UTILITIES LISTED ABOVE

### BUILDING LOCATION

BUILDING ADDRESS \_\_\_\_\_ on the NORTH SOUTH EAST WEST side

APPROXIMATELY (DISTANCE) \_\_\_\_\_ N S E W FROM THE INTERSECTION WITH \_\_\_\_\_

SECTION OF TOWN

CENTRAL  
  OUTLYING NO.  
  OUTLYING SO.  
  BYRAM  
  PEMBERWICK  
  GLENVILLE  
  COS COB  
  RIVERSIDE  
  OLD GREENWICH

BUILDING INFORMATION	<input type="checkbox"/> 2003 IBC <input type="checkbox"/> 2005 CSBC (IRC) <input type="checkbox"/> Flood Zone
Type of building or structure _____	
Disposal site _____	
List all adjoining property owners and attach copy of current assessor's map:	Cert. Mail Receipt
Name _____ Address _____	<input type="checkbox"/>
Name _____ Address _____	<input type="checkbox"/>
Name _____ Address _____	<input type="checkbox"/>
Name _____ Address _____	<input type="checkbox"/>
Name _____ Address _____	<input type="checkbox"/>
Name _____ Address _____	<input type="checkbox"/>

CODE INFORMATION
TOWN REGULATIONS
Year structure built _____
Building square footage _____
BUILDING CODE
Use group _____ Const. type _____
Stories _____ Height _____
HEALTH DEPARTMENT REVIEW
Is there asbestos in the building?
<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a septic system on the property?
<input type="checkbox"/> YES <input type="checkbox"/> NO
Reviewed by _____
Date _____

VALUE OF WORK: \_\_\_\_\_     
 PERMIT FEE DUE: \_\_\_\_\_     
 ONLY IF BUILT PRIOR TO 1940     
 5% OF PERMIT FEE: \_\_\_\_\_     
 STATE EDUC. FEE: \_\_\_\_\_

INVESTIGATION FEE [ONLY IF APPLICABLE]: \_\_\_\_\_     
 TOTAL FEE DUE: \_\_\_\_\_

Certificate of Occupancy may be withheld until final valuation of work has been established and fee adjusted and paid. Issuance of this permit shall not be construed as a permit to perform any regulated activity on any inland wetlands.

AMENDMENTS:    Tax Stamp	OFFICE USE ONLY	BUILDING CODE REVIEW
		UTILITY DISCONNECT LETTERS: Electric <input type="checkbox"/> Submitted <input type="checkbox"/> Pending <input type="checkbox"/> N/A Gas <input type="checkbox"/> Submitted <input type="checkbox"/> Pending <input type="checkbox"/> N/A Water/Well <input type="checkbox"/> Submitted <input type="checkbox"/> Pending <input type="checkbox"/> N/A Sewer/Septic <input type="checkbox"/> Submitted <input type="checkbox"/> Pending <input type="checkbox"/> N/A Health Department review <input type="checkbox"/> Submitted <input type="checkbox"/> Pending <input type="checkbox"/> N/A Inland Wetlands Questionnaire <input type="checkbox"/> Submitted <input type="checkbox"/> Pending <input type="checkbox"/> N/A Demolition license <input type="checkbox"/> Submitted <input type="checkbox"/> Pending <input type="checkbox"/> N/A Insurance certificate <input type="checkbox"/> Submitted <input type="checkbox"/> Pending Affidavit of notification <input type="checkbox"/> Submitted <input type="checkbox"/> Pending
		Demolition Ordinance <input type="checkbox"/> Applicable <input type="checkbox"/> N/A Newspaper notice <input type="checkbox"/> Submitted <input type="checkbox"/> Pending Certified mail receipts <input type="checkbox"/> Submitted <input type="checkbox"/> Pending <input type="checkbox"/> Greenwich Historical Society <input type="checkbox"/> Historic District Commission
	REVIEWED BY: _____	<input type="checkbox"/> PERMIT PICKUP REQUESTED <input type="checkbox"/> MAIL PERMIT

PERMIT APPLICATION TO  
**DEMOLISH BUILDING OR STRUCTURE**

**AFFIDAVIT**

THE UNDERSIGNED PROPERTY OWNER, BEING DULY SWORN, DEPOSES AND SAYS:

1. That he/she is the current owner of premises described on this application for a building permit.
2. In accordance with the CT General Statutes, that the below said Permittee/Licensed Demolition Contractor is duly authorized on behalf of the owner to execute and complete this application.
3. That the work described in this application is duly authorized by the current owner.
4. That the undersigned Permittee/Licensed Demolition Contractor is hereby designated as the owner's representative with whom the Division of Building Inspection, DPW may deal with in respect to the work under this application.
5. That this authorization shall continue unless revoked by the owner by giving written notice of revocation to the Division of Building Inspection, DPW.

PERMITTEE/LICENSED DEMOLITION CONTRACTOR INFORMATION

CURRENT OWNER NOTARIZED AUTHORIZATION

CT Demo. License No. \_\_\_\_\_ Name (type) \_\_\_\_\_

Name (type) \_\_\_\_\_ Signature \_\_\_\_\_

Signature \_\_\_\_\_ Subscribed and sworn to, before me on this

Phone \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Permit pickup requested       Mail permit

Notary Public signature \_\_\_\_\_

Contact name (type) \_\_\_\_\_ Phone \_\_\_\_\_

AMENDMENTS:

AMENDMENTS:

CT Reg. No. \_\_\_\_\_ Phone \_\_\_\_\_ Date: \_\_\_\_\_

CT Reg. No. \_\_\_\_\_ Phone \_\_\_\_\_ Date: \_\_\_\_\_

Name (type) \_\_\_\_\_

Name (type) \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_