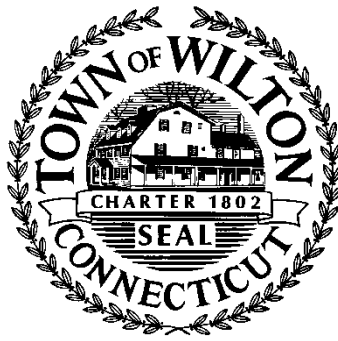


WILTON BUILDING  
DEPARTMENT

Building Official  
Demolition Officer

Tel: 203-563-0177



TOWN HALL ANNEX

238 Danbury Road  
Wilton, Connecticut 06897

Fax: 203-563-0284

## TOWN OF WILTON

### DEMOLITION APPLICATION CHECKLIST

COMPLETED

1. COPY OF TAX ASSESSOR'S FIELD CARD (for sq. ft., year built & owner verification)..... \_\_\_\_\_
2. COPY OF NOTIFICATION LETTER TO ADJOINING PROPERTY OWNERS –  
COPY OF CERTIFIED MAIL RECEIPT AND LETTERS (ABUTTING  
AND DIRECTLY ACROSS THE STREET) ..... \_\_\_\_\_
3. COPY OF ASBESTOS CERTIFICATION & HEALTH DEPARTMENT  
APPROVAL (INCL DPH FORM & SEPTIC/WELL DISCONNECT) ..... \_\_\_\_\_
4. LIABILITY/WORKERS COMP INSURANCE CERTIFICATE FROM OWNER  
OR CONTRACTOR..... \_\_\_\_\_  
*As per Section 29-406 of the Connecticut General Statutes applicants filing for a demolition permit shall submit a certificate of insurance specifying demolition purposes and providing liability coverage for bodily injury of at least \$100,000 per person with an aggregate of at least \$300,000, and for property damage of a least \$50,000 per accident with an aggregate of at least \$100,000; each such certificate shall provide that the town or city and its agents shall be saved harmless 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.*
5. HOLD HARMLESS STATEMENT (See Attached Sample).(MUST BE ON COMPANY LETTERHEAD) \_\_\_\_\_
6. COPY OF CONTRACTOR'S DEMOLITION LICENSE..... \_\_\_\_\_
7. COPIES OF DISCONNECT LETTERS FROM UTILITIES..... \_\_\_\_\_
8. PUBLIC WORKS APPROVAL IF ON PUBLIC SEWER..... \_\_\_\_\_
9. COMPLETED AND SIGNED APPLICATION AND NOTARIZED AFFIDAVIT..... \_\_\_\_\_
10. CHECK FOR THE NOTED FEE..... \_\_\_\_\_

**\*\*ALSO NOTE: IF THE STRUCTURE IS 50 YRS OR OLDER, IT WILL BE REQUIRED THAT THE PROPERTY BE POSTED IN THE WILTON BULLETIN FOR A LEGAL NOTICE. THIS TYPICALLY COMMANDS A WAITING PERIOD OF APPROXIMATELY 15 DAYS\* FROM THE DATE OF THE PUBLISHED LEGAL NOTICE. PLEASE PLAN YOUR PROJECT ACCORDINGLY AND GIVE YOURSELF ENOUGH TIME TO COMPLETE ALL OF THE ABOVE.**

A SIGN MUST BE POSTED ON THE PROPERTY TO BE DEMOLISHED IN ACCORDANCE WITH THE REQUIREMENTS SET FORTH IN THE DEMOLITION DELAY ORDINANCE. IT IS REQUIRED THAT YOU POST THIS SIGN IMMEDIATELY FOLLOWING THE SUBMITTAL OF YOUR APPLICATION. THE SIGN WILL REMAIN ON THE PROPERTY VISABLE FROM THE ROAD FOR A TOTAL OF 15 DAYS FROM THE DATE OF PUBLICATION.

**\*\*LEGAL NOTICE WILL BE SUBMITTED BY THE BUILDING DEPARTMENT\*\***

THE SIGN SHALL READ AS FOLLOWS: "NOTICE OF INTENT TO DEMOLISH" - THE SIZE OF THE SIGN SHALL BE NO LARGER THAN 4'X4' WITH 3" LETTERS AND MUST BE LEGIBLE AND VISIBLE FROM THE ROAD.

HISTORIC COMMISSION CONTACT: [WHPHD@wiltonct.org](mailto:WHPHD@wiltonct.org)

**DEMOLITION PERMIT**  
**WILTON, CONNECTICUT**

Pursuant to Sec. 29-406 & 29-407, General Statutes of Connecticut, the undersigned hereby applies for a permit according to the below specifications

DATE: \_\_\_\_\_ 20\_\_\_\_  
LICENSE # \_\_\_\_\_  
PERMIT FEE: \$ \_\_\_\_\_

**Fees: Commercial Bldg: \$400; House: \$300; Accessory Bldg.: \$200, Minor/Interior/pools: \$75; Legal Notice Fee if required: \$15**

Job Location \_\_\_\_\_ Zone \_\_\_\_\_ Year Built \_\_\_\_\_ No. of Units \_\_\_\_\_  
Parcel # \_\_\_\_\_ No. of Stories \_\_\_\_\_ Size of Structure \_\_\_\_\_ Sq. ft. to be demolished \_\_\_\_\_  
Owner of Building \_\_\_\_\_ Address \_\_\_\_\_  
Demolition Contractor \_\_\_\_\_ Address \_\_\_\_\_ Tel.: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Date to Commence: \_\_\_\_\_ Date to Complete: \_\_\_\_\_  
Insured with \_\_\_\_\_ Address \_\_\_\_\_  
Description of work to be done: \_\_\_\_\_

**NOTICE**

As per Section §29-406 of the Connecticut General Statutes applicants filing for a demolition permit shall submit a certificate of insurance specifying demolition purposes and providing liability coverage for bodily injury of at least \$100,000 per person with an aggregate of at least \$300,000, and for property damage of a least \$50,000 per accident with an aggregate of at least \$100,000; each such certificate shall provide that the town or city and its agents shall be saved harmless 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.

ASBESTOS PRESENT: Yes \_\_\_\_\_ No \_\_\_\_\_ ABATEMENT PROCEDURE: \_\_\_\_\_

ASBESTOS REMOVAL AND DISPOSAL: ATTACH CERTIFICATION.

ASBESTOS REMOVAL CONTRACTOR & LICENSE # \_\_\_\_\_

SEPTIC/WELL DISCONNECTED: Y or N METHOD OF DISCONNECT: \_\_\_\_\_

HEALTH DEPT. REVIEW DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

SEWER DISCONNECTED: Y or N PUBLIC WORKS APPROVAL: \_\_\_\_\_

LEGAL NOTICE DATE: \_\_\_\_\_ NEWSPAPER: Wilton Bulletin EXPIRATION DATE \_\_\_\_\_

90 DAY DELAY: Y or N EXPIRATION OF DELAY: \_\_\_\_\_

If owner acts as a Demolition Contractor (Senate Bill No. 894) The demolition of a single family residence or out building by an owner of such structure if it does not exceed a height of 30', owner shall be present on site while such demolition work is in progress, shall be held personally liable for any injury to individuals or damage to public or private property caused by such demolition. (Owner certify below): The below signed hereby attest that they will comply with the provisions set forth in the State Demolition and Building Code and Conn. General Statutes.

OWNER: \_\_\_\_\_ DATE \_\_\_\_\_ Tel.: \_\_\_\_\_

AGENT: \_\_\_\_\_ DATE \_\_\_\_\_ Tel.: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ DATE \_\_\_\_\_ Tel.: \_\_\_\_\_

**NOTIFICATION OF ADJACENT PROPERTY OWNERS PER C.G.S. 29-407 (names may be obtained from Assessor's office and sent certified mail) LETTERS MUST BE COPIED TO THE BUILDING DEPARTMENT.\*\***

Adjoining Owners Notified:\*\* Yes \_\_\_\_\_ No \_\_\_\_\_ Public Utilities Severed: Yes \_\_\_\_\_ No \_\_\_\_\_

LETTERS OF DISCONNECT RECEIVED: ELECTRIC \_\_\_\_\_, PHONE \_\_\_\_\_, CABLE \_\_\_\_\_, GAS \_\_\_\_\_, WATER \_\_\_\_\_.

**BUILDING DEPARTMENT APPROVAL:** \_\_\_\_\_  
Authorized designee/Building Official Date Approved

**WILTON BUILDING DEPARTMENT**

**Building Official  
Demolition Officer**

563-0177



**TOWN HALL ANNEX  
238 Danbury Road  
Wilton, Connecticut 06897**

**AFFIDAVIT**

**THE UNDERSIGNED, BEING DULY SWORN, DEPOSES AND SAYS -**

1. That he/she is the owner of the building or structure described on the 1<sup>st</sup> page of this application.
2. That the below said agent is duly authorized for and on behalf of the owner to execute and complete this application.
3. That the work described in said application is duly authorized by the owner.
4. That the undersigned agent is hereby designated as the owner's representative with whom the Division of Buildings may deal with respect to the work described herein.
5. That this authorization shall continue unless revoked by the owner, giving written notice of revocation to the Division of Buildings.
6. That as owner and agent we hereby accept responsibility for compliance with Town of Wilton Demolition Ordinance and Chapter 541 (Part IV) Connecticut General Statutes.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

We hereby certify, under oath that all information on this form is true and correct.

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Owner

Subscribed and sworn to,

Subscribed and sworn to,

before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20 \_\_\_\_\_

before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20 \_\_\_\_\_

# HOLD HARMLESS AFFIDAVIT

## COMPANY LETTERHEAD

Date

In accordance with Connecticut General Statute § 29-406, we (Contractor Name) hereby agree to save harmless the Town of Wilton 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 (Project Title/Address).

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

## Information on permit requirements per CT General Statutes

**Sec. 29-406. (Formerly Sec. 19-403g). Permit for demolition of particular structure. Exemption. Waiting period.** (a) No person shall demolish any building, structure or part thereof without obtaining a permit for the particular demolition undertaking from the building official of the town, city or borough wherein such building or part thereof is located. *No person shall be eligible to receive a permit under this section unless he furnishes to the building official written evidence (1) of financial responsibility in the form of a certificate of insurance specifying demolition purposes and providing liability coverage for bodily injury of at least one hundred thousand dollars per person with an aggregate of at least three hundred thousand dollars, and for property damage of at least fifty thousand dollars per accident with an aggregate of at least one hundred thousand dollars; each such certificate shall provide that the town or city and its agents shall be saved harmless 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; (2) in the form of a certificate of notice executed by all public utilities having service connections within the premises proposed to be demolished, stating that such utilities have severed such connections and service, and (3) that he is the holder of a current valid certificate of registration issued under the provisions of section 29-402, except in the case of (A) a person who is engaged in the disassembling, transportation and reconstruction of historic buildings for historical purposes or who is engaged in the demolition of farm buildings or in the renovation, alteration or reconstruction of a single-family residence, or (B) an owner who is engaged in the demolition of a single-family residence or outbuilding, as provided in subsection (c) of section 29-402. No permit shall be issued under this section unless signed by the owner and the demolition contractor. Each such permit shall contain a printed intention on the part of the signers to comply with the provisions of this part.*

(b) In addition to the powers granted pursuant to this part, any town, city or borough may, by ordinance, impose a waiting period of not more than ninety days before granting any permit for the demolition of any building or structure or any part thereof.

(February, 1965, P.A. 551, S. 7, 8; P.A. 73-595, S. 2; P.A. 77-177, S. 2; P.A. 78-288, S. 2; P.A. 82-451, S. 5, 9; P.A. 83-187, S. 1; P.A. 87-263, S. 4; P.A. 95-8.)

**Sec. 29-407. (Formerly Sec. 19-403h). Notice to adjoining property owners.** No person shall commence any demolition operation unless he first notifies each adjoining property owner by registered or certified mail at such owner's last address according to the records of the assessor of the city, town or borough in which such demolition operation is planned.

(February, 1965, P.A. 551, S. 9; P.A. 73-595, S. 3.)



**Wilton Fire Department  
Office of the Fire Chief  
Ronald E. Kanterman**



**Buildings Slated for Demolition Can  
Be Used For Fire/Rescue Training**

Dear Wilton Building Owner,

It is a rare occasion that we get an actual structure in which to hone our skills and practice our craft. Firefighting is a laborious, well coordinated and fast paced activity and using an actual building other than a fire academy training tower gives us a great advantage.

We would truly appreciate the opportunity to use your building for fire and rescue training before you tear it down. We will not set it on fire but may fill it with theatrical smoke, cut holes in the roof, walls and floors and perform rescues, practice firefighter survival techniques and other fire and rescue related activities.

We request that you allot us a 10 day span of time from when the building would be useable, e.g. after asbestos removal, after utilities are disconnected, etc. in order to get our four shifts of personnel through building.

Please stop in at Fire Headquarters (236 Danbury Rd.) and see myself, Deputy Chief Mark Amatrudo or, on the off-hours, any Shift Commander to discuss this possibility. Our release is already attached for your convenience. We can't use the building until this document is signed and submitted to our office.

We appreciate your contribution to our training program which can only enhance our knowledge, skills and abilities and make us better at what we do; serving the community.

Sincerely,

*Ronald E. Kanterman*

Ronald E. Kanterman, Chief  
Wilton Fire Department  
203-834-6247

demolished buildings for training/training/rek



**WILTON FIRE DEPARTMENT**  
**236 Danbury Road**  
**Wilton, CT 06897**  
**203-834-6247**  
**Fax 203-563-0191**

Date: \_\_\_\_\_

RE: Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wilton, CT 06897

Dear \_\_\_\_\_;

On behalf of the Wilton Fire Department, I wish to thank you for this valuable opportunity to conduct realistic, live fire training your structure located at \_\_\_\_\_. This training will include destructive and firefighter training elements.

Our signatures on this document will serve to establish the following:

1. You are the legal owner of the residential structure located at \_\_\_\_\_, Wilton, Connecticut.
2. You grant permission to the Wilton Fire Department to conduct destructive fire training and that the structure will be extensively damaged.
3. The Wilton Fire Department holds you harmless in the event of any injuries to our personnel, damage to our equipment or damage to any surrounding properties. This is a sanctioned event, fully covered by the Wilton Fire Department.
4. You confirm, and can provide documentation that property insurance on this structure has been cancelled.
5. You either have, or can provide a copy of the deed for this property documenting your complete ownership.
6. The expected dates of this training are from \_\_\_\_\_ through \_\_\_\_\_. It is recognized that last minute delays may occur, such as:
  - a. Complaints from adjacent property owners
  - b. Approval of the demolition permit by the Wilton Building Department
  - c. Failure to disconnect all utilities and emptying of fuel tanks on a timely basis.
  - d. Should any of the preceding occur, we may be unable to proceed.

Your signature on this document shall serve to release the Town of Wilton, the employees of The Wilton Fire Department of responsibility for any damage to the property, both real and

personal, located at \_\_\_\_\_, that may occur as a result of the fire training exercise at such location.

Specifically, the Wilton Fire Department will not be responsible for damages or destruction of real property, personal property, equipment, mobile or stationary, passenger or commercial vehicles, swimming pools, lawn turf, shrubbery, trees, or out buildings that may be located on or near the property during the training exercise.

You as owner of the property have the responsibility to remove all valuable items from the property prior to the beginning of training operation on \_\_\_\_\_.

Your signature below acknowledges agreement with the above conditions. Thank you, once again, for this training opportunity.

**Fire Department**

**Owner**

\_\_\_\_\_  
For the Wilton Fire  
Department-Sign

(Sign): \_\_\_\_\_

(Print) \_\_\_\_\_

\_\_\_\_\_  
Print





# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

### STATE USE ONLY

Post Mark	
Date	
Check #	
Amount	\$
Transmittal #	
Record #	

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 asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-332a-3. In case of an emergency, this form is to be completed and postmarked within one (1) working day following the start of asbestos abatement. Faxed originals are not acceptable. Revisions may be faxed unless an additional fee payment is due.

#### 1. TYPE OF NOTIFICATION:

A. NEW	_____	B. BLANKET	_____	C. CANCELLATION / POSTPONED	C. _____	P. _____
D. REVISED	_____	(ITEMS REVISED)	_____	REVISION #	_____	_____
E. EMERGENCY	_____	DESCRIBE NATURE OF EMERGENCY	_____			

#### 2. ABATEMENT CONTRACTOR:

NAME:	_____	LICENSE #	_____
ADDRESS:	_____		
CITY:	_____	STATE:	_____
PHONE #	_____	CONTACT PERSON:	_____

#### 3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:

NAME:	_____		
ADDRESS:	_____		
CITY:	_____	STATE:	_____
PHONE #	_____	CONTACT PERSON:	_____

#### 4. NAME OF FACILITY:(FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)

ADDRESS:	_____		
CITY:	_____	STATE:	_____
ZIP:	_____		

5.(A) ABATEMENT START DATE:	____/____/____	5.(B) COMPLETION DATE:	____/____/____
	Month/Day/Year format		Month/Day/Year format

(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

Notification Fee Due: \$100.00 + 1% total asbestos abatement cost \_\_\_\_\_

6. TOTAL ABATEMENT PROJECT COST: \_\_\_\_\_ \*REVISED COST (ONLY FOR REVISIONS): \_\_\_\_\_

#### 7. USE OF FACILITY:

A. SCHOOL (K-12)	_____	B. PUBLIC BUILDING	_____	C. MANUFACTURING	_____	D. OFFICE	_____	E. COLLEGE	_____
F. COMMERCIAL	_____	G. CHURCH/SYNAGOGUE	_____	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 # 51 AIR  
PO Box 340308 Hartford CT 06134-0308 Hartford CT 06134  
Affirmative Action/ An Equal Opportunity Employer

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

**8. BUILDING DATA:**

SQUARE FEET: \_\_\_\_\_ NUMBER OF FLOORS: \_\_\_\_\_ AGE: \_\_\_\_\_

**9. ABATEMENT CLASSIFICATION:**

RENOVATION \_\_\_\_\_ DEMOLITION \_\_\_\_\_  
ORDERED DEMO (AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER

**10. ABATEMENT TECHNIQUE:**

A. FULL CONTAINMENT WITH NEGATIVE AIR \_\_\_\_\_ B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED) \_\_\_\_\_

(IF AWP, include) Project Designer & LICENSE # \_\_\_\_\_

C. EXTERIOR ABATEMENT \_\_\_\_\_ D. SPOT REPAIR (>25 SQ. FT. TOTAL) \_\_\_\_\_

**11. ABATEMENT METHOD:**

A. REMOVAL \_\_\_\_\_ B. ENCAPSULATION \_\_\_\_\_ C. ENCLOSURE \_\_\_\_\_

**12. TYPE OF DECONTAMINATION SYSTEM:**

A. CONTIGUOUS \_\_\_\_\_ B. REMOTE \_\_\_\_\_ C. BOTH \_\_\_\_\_

**13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET)**

FRIABLE MATERIAL

NONFRIABLE MATERIAL

A. SPRAYED /TROWELED ON: \_\_\_\_\_ **Category I**

B. BOILER INSULATION: \_\_\_\_\_ I. FLOOR COVERINGS/TILES: \_\_\_\_\_

C. TANK INSULATION: \_\_\_\_\_ J. ROOFING, SPECIFY: \_\_\_\_\_

D. BREECHING INSULATION: \_\_\_\_\_ K. GASKETS, PACKINGS: \_\_\_\_\_

E. DUCT INSULATION: \_\_\_\_\_ **Category II**

F. CEILING TILES: \_\_\_\_\_ L. TRANSITE BOARD: \_\_\_\_\_

G. OTHER, SPECIFY: \_\_\_\_\_ M. OTHER, SPECIFY: \_\_\_\_\_

H.\* PIPE INSULATION: Use conversion table **Total Square Feet** \_\_\_\_\_

(Pipe diameter) " Multiply LF by CF = Total Square Feet

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY)**

NAME: \_\_\_\_\_

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

CITY, STATE, ZIP: \_\_\_\_\_

OWNER, OPERATOR: \_\_\_\_\_

**15. HAULER/ WASTE TRANSPORTER**

NAME: \_\_\_\_\_

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

CITY, STATE, ZIP: \_\_\_\_\_

Signature and Title of Person Completing this Form: \_\_\_\_\_

*Mail to:*

DPH

ASBESTOS PROGRAM

410 CAPITOL AVENUE, MS # 51 AIR

PO BOX 340308

HARTFORD CT 06134-0308