

# DEMOLITION PERMIT

## MINOR/INTERIOR

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 Fees: \$ \_\_\_\_\_

Minor/Interior/: \$75

Job Location \_\_\_\_\_ Zone \_\_\_\_\_ Year Built \_\_\_\_\_

Size of Structure \_\_\_\_\_ Sq. ft. to be demolished \_\_\_\_\_

Owner of Building \_\_\_\_\_ Address \_\_\_\_\_

Demolition Contractor \_\_\_\_\_ Address \_\_\_\_\_ Tel.: \_\_\_\_\_

Email Address: \_\_\_\_\_

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/LEAD PRESENT: Yes \_\_\_\_\_ No \_\_\_\_\_ ABATEMENT PROCEDURE: \_\_\_\_\_

ASBESTOS/LEAD REMOVAL AND DISPOSAL: ATTACH CERTIFICATION.

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

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

FIRE MARSHAL REVIEW DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

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.: \_\_\_\_\_

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**

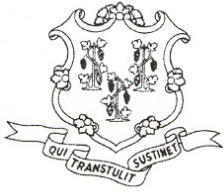
\_\_\_\_\_  
**Owner**

**Subscribed and sworn to,**

**Subscribed and sworn to,**

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

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



State of Connecticut  
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 10-12-2004

7B

**Proof of Workers' Compensation Coverage when Applying  
for a Building Permit for the Sole Proprietor or Property Owner  
who WILL act as General Contractor or Principal Employer**

**Applicant for Building Permit**

Name of Applicant for Building Permit \_\_\_\_\_

Property located at \_\_\_\_\_

in the City / Town of \_\_\_\_\_

**Attest**

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL act as the general contractor or principal employer, you must provide proof of workers' compensation insurance coverage for all employees.

Complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

**CHECK ONE (1) BOX ONLY, provide the appropriate information, and sign:**

- ☐ I am the **OWNER** of the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of OWNER Applicant \_\_\_\_\_

- ☐ I am the **SOLE PROPRIETOR** of a business doing work at the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of SOLE PROPRIETOR Applicant \_\_\_\_\_

- ☐ I am the **OWNER** of the above-named property or the **SOLE PROPRIETOR** of a business doing work at the above-named property. I will not personally submit proof of workers' compensation insurance coverage, but I will attest to the following:

**AFFIDAVIT**

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers' Compensation Act.

Signature of OWNER or SOLE PROPRIETOR Applicant \_\_\_\_\_

Name of Business—if applicable \_\_\_\_\_

Federal Employer ID# (FEIN)—if applicable \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_\_.

Signature of Notary Public / Commissioner of the Superior Court \_\_\_\_\_