

# DEMOLITION PERMIT

## MINOR/INTERIOR/POOL

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/pools: \$75**

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

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

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

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

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: \_\_\_\_\_

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

**\*\*FOR FILLING IN SWIMMING POOLS THE OWNER MAY SUBMIT THE 7A WORKER'S COMPENSATION FORM IN LIEU OF THE ABOVE INSURANCE REQUIREMENTS.**

**CONTRACTORS SHALL SUBMIT THEIR OWN WORKER'S COMPENSATION CERTIFICATE AND HOME IMPROVEMENT LICENSE.**

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

7A

**Proof of Workers' Compensation Coverage when Applying  
for a Building Permit for the Sole Proprietor or Property Owner  
who WILL NOT 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 NOT act as the general contractor or principal employer, you are not required to have workers' compensation insurance coverage.

**CHECK ONE (1) BOX ONLY and complete the following:**

.....

I am the **OWNER** of the above-named property. I WILL NOT act as the general contractor or principal employer.

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

.....

I am the **SOLE PROPRIETOR** of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business \_\_\_\_\_

Federal Employer ID# (FEIN) \_\_\_\_\_

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