



**TOWN OF MADISON**  
**CONNECTICUT**  
**Building Department**

8 CAMPUS DRIVE  
MADISON, CONNECTICUT 06443-  
2562  
TELEPHONE (203) 245-5618  
FACSIMILE (203) 245-5613

**2017 Demolition Permit Application**

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

Permit # \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Year Built: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Applicant (if owner, enter same) \_\_\_\_\_ Phone # \_\_\_\_\_ Applicant Address: \_\_\_\_\_

Name of Demolition Contractor: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor's License # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Phone # \_\_\_\_\_

**Note: All contractors must provide copy of State of Connecticut Trade License AND Certificate of Insurance**

**TYPE OF STRUCTURE TO BE DEMOLISHED:**

- Townhouse Structure (Private Residential)
- Commercial Building

- Residential Home (1-2 Family Dwelling)
- Accessory Structure to (1-2 Family Dwelling)
- Institutional Building (School, Hospital, etc.,)

**\*\*Demolition Delay is required if structure is over SIXTY years of age and over 500 square feet\*\***

**All Items Listed below MUST be Submitted with Application**

Letters from Utility Companies Confirming Safe Disconnection

Electrical Disconnect	Gas Disconnect	Water Disconnect
Telephone Disconnect	Cable Disconnect	Other:

**Authorized Contractor Information**

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

Signature \_\_\_\_\_

**Current Owner Authorization**

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

Signature \_\_\_\_\_

**PERMISSION IS HEARBY GRANTED**

For removal of structure located at: \_\_\_\_\_ Date Issued \_\_\_\_\_

\_\_\_\_\_  
**Vincent A. Garofalo III**  
**Madison Building Official**

**Demolition Certifications**



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**Certification:** I hereby certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent. We agree to conform to all applicable laws, regulations of the State of Connecticut Demolition Code and Local Ordinances. All information contained in the foregoing Application for Demolition Permit is true and accurate to the best of my knowledge and belief.

Owner/Agent Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Certification of Intent:** We hereby certify that the proposed demolition work will be carried out in compliance with all provisions of the State of Connecticut Demolition Code. We further certify that written notice of the proposed demolition has been sent to each adjoining property owner by registered or certified mail at such owner's last address according to the records of the assessor of the Town of Madison, and those copies of certificates of mailings are attached to this Application. By signing below we hereby attest, jointly and severally, that all information contained in the foregoing Application for Demolition Permit is true and accurate to the best of my knowledge and belief.

Owner/Agent Signature: \_\_\_\_\_ Contractor Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT**

In accordance with C.G.S. Chapter 541, Section 29-406, 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 (\$100,000) per person and an aggregate of at least three hundred thousand (\$300,000), and for property damage of at least fifty thousand (\$50,000)dollars per accident with an aggregate of at least one hundred thousand dollars (\$100,000); each such certificate shall provide that the Town of Madison 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.

\_\_\_\_ Certificate of Insurance Attached    \_\_\_\_ Limits of Liability Comply w/CGS    \_\_\_\_ Certified Mailings Attached