Town of Griswold

28 Main Street
Griswold, CT 06351
Phone (860) 376-7060, Fax (860) 376-7070

DEMOLITION APPLICATION REQUIREMENTS

Application WILL NOT be accepted if any of the following is not submitted with application:

Required with Demolition application:

- Copies of postmarked registered receipts of all abutting property owners notifying them of demolition along with a copy of the letter sent.
- Written notices of disconnect from companies providing services for the following where applicable:
  electric, water, telephone, gas, sewer line capped, septic tank removal
- Assessors Street Card of demolition site
- Assessors Street Cards of all demolition site property abutters
- Copy of Assessors Plot Maps showing demolition property and all abutters properties
- Copy of Demolition Contractor license and certificate of insurance
- Permit fee: $16.00 per thousand of assessed value (which can be found on Assessors' street card) or any portion thereof and a minimum of $40.00

Town of Griswold
Building Department
28 Main Street
Jewett City, CT 06351
Phone: (860) 376-7060 x110 Fax (860) 376-3789

DEMOLITON PERMIT APPLICATION

Zoning District: _____ **Check One: Town** **Boro**

Assessed Value of Structure ***(found on Assessors Street card)*****:** $_____

Site Address of Demolition: _____

Owner: _____

Mailing Address: _____

Phone: _____

Description of Structure(s) to be demolished (include all dimensions and structural detail):

_____

_____

Demolition method and equipment to be used: _____

_____

Location/Dumpster where debris to be disposed: _____

_____

DEMOLITION CONTRACTOR INFORMATION

Demolition Contractor: _____
Mailing Address: _____
_____
Phone: _____
Connecticut State License Number: _____

Insurance Company: _____
Mailing Address: _____
_____

Bodily Injury Each: $_____ **Property Damage Each: $**_____

_____

Written notices of the following utilities disconnected, meters removed and lines capped/plugged ***(if applicable):***

Electric: _____ **Water:** _____ **Telephone:**
Gas: ___ **Sewer Line Capped:** _____ **Sewer Tank Removed:** _____

Copies of registered letters with post marked receipts mailed to the following adjoining property owners:

_____ _____
_____ _____
_____ _____
_____ _____

Applicant Signature: _____ **Date:** _____

****

Date Paid: _____ **Fee Paid:** _____ **Cash/Check #:** _____

State of Connecticut Department of Public Health

Demolition / Notification Form / Asbestos Program

National Emission Standards for Hazardous Air Pollutants (NESHAP)

The asbestos NESHAP is a U.S. Environmental Protection Agency (EPA) regulation enforced by the Connecticut Department of Public Health.

In general, the provisions of the regulation apply to facilities including any institutional, commercial, public industrial, residential structures or buildings containing condominiums or individual dwelling units operated as a residential cooperative, with greater than four (4) dwelling units. The asbestos NESHAP also applies to residential facilities with four (4) or fewer dwelling units which will be renovated or demolished as part of an urban renewal project or highway project.

In accordance with the asbestos NESHAP

The owner or operator of a demolition or renovation activity is required to conduct a thorough inspection of the facility or part of the facility where the demolition or renovation operation will occur for the presence of asbestos

This inspection is to be conducted prior to commencement of the demolition or renovation activity

The inspection is to be conducted by an inspector or management planner licensed by the DPH (State requirement)

- Inspections performed must be by licensed asbestos abatement contractor.
- Owner must send in demolition notification form with $50.00 fee for every demolition.
- Single family dwellings being demolished where a new single family dwelling will be built in its place no inspection required.
- Single family dwelling being demolished where there will be a multi-family or commercial structure put in its place requires inspection.
- Two family dwellings, store fronts or commercial buildings all require inspections.

www.dph.state.ct.us/BRS/asbestos/asbestos_neshap.htm

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

DEMOLITION NOTIFICATION FORM

FOR STATE USE ONLY	
Postmark Date	
Check #	
Transmittal No.	
Amount Paid	
Record No.	

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 demolition as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of FIFTY ($50) dollars. A check in that amount made payable to **"Treasurer, State of Connecticut"** must be submitted with the notification form. In case of emergency notifications, this form is to be completed and postmarked or hand delivered within one (1) working day following the start of demolition. **A copy of the written order requiring demolition prepared by a state or local building official shall accompany each emergency demolition notification.** Faxed originals are not acceptable. Revisions to the original notification form may be faxed. Further instructions are found on back of this form.

1. TYPE OF NOTIFICATION:

A. ☐ NEW B. ☐ EMERGENCY C. ☐ REVISED ITEMS REVISED:

2. FACILITY OWNER:

NAME:

ADDRESS:

CITY: STATE

ZIP: PHONE NO.

3. LOCATION OF FACILITY TO BE DEMOLISHED:

NAME:

ADDRESS:

CITY: STATE:

ZIP: PHONE NO.

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES ☐ NO ☐

4. INSPECTION INFORMATION:

NAME OF INSPECTOR

LICENSE #: DATE OF INSPECTION:

CITY:

ZIP: PHONE NO.

(Inspection information applicable to facilities subject to the asbestos NESHAP, 40 C.F.R., Part 61)

In accordance with *Section 61.145* of the U.S. Environmental Protection Agency's National Emission Standards for Hazardous Air Pollutants (NESHAPs) regulation, the owner or operator of a facility shall, prior to the commencement of renovation or demolition, inspect the affected portions of the facility for asbestos, including Category I and Category II nonfriable asbestos.

5(A.) DEMOLITION START DATE:		5(B.) DEMOLITION COMPLETION DATE:	

*Phone: **(860) 509-7367/ Fax (860) 509-7378***
Telephone Device for the Deaf: (860) 509- 7191
*410 Capitol Avenue, MS# **51 AIR***
P.O. Box 340308
Hartford, CT 06134-0308
Affirmative Action / An Equal Opportunity Employer

6.	*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)

7. BUILDING DATA:	SQUARE FEET:	# OF FLOORS:	AGE:

8.	*DEMOLITION CONTRACTOR:*
NAME:	CONTACT PERSON
ADDRESS:	
CITY:	STATE
ZIP:	PHONE NO.

9.	*DEMOLITION DISPOSAL FACILITY:*
NAME:	
ADDRESS:	
CITY:	STATE:
ZIP:	PHONE NO.

10.	*DEMOLITION WASTE HAULER:*
NAME:	
CITY:	STATE:
ZIP:	PHONE NO.

11.	*PERSON COMPLETING THIS FORM:*
NAME:	
ADDRESS:	
CITY:	STATE:
ZIP:	PHONE NO.

SIGNATURE		*DATE:*	

The submission of the **Notification of Demolition Form** is not required provided that an **Asbestos Abatement Notification Form** was previously submitted to the Department of Public Health involving abatement related to the demolition of the facility. In that case, the **Asbestos Abatement Notification Form** submitted to the agency satisfied the notification requirement for demolition of the facility. In all cases of demolition, one and only one form (**Notification of Demolition Form** or **Asbestos Abatement Notification Form**, as applicable) shall be sufficient to satisfy the Department of Public Health notification requirements detailed in Section 19a-332a-3 of the RCSA.