

Permit Fee: \$ _____ + State Fee: _____ = Total Fee: \$ _____

Tax Collector

_____ Approved _____ Denied

_____ Date: _____

CA Fee: _____ PERMIT #: _____
This Item For Office Use

**Town of Brookfield
 PERMIT APPLICATION
DEMOLITION ONLY**

APPLICATION DATE: _____ PROPERTY ID#: _____

| | | | |
|--|----------|----------------------|---------------------------|
| Property Street Address: | | | |
| Owner Name and Mailing Address: | | | Email & Phone: |
| Applicant Name: | | | Email & Phone: |
| Contractor Name: | | | Email & Phone: |
| Contractor Address: | | | |
| Contractor License #: | | | Exp. Date: |
| Assessed Valuation of Building: | \$ _____ | Building Age: | |

Description of Work:

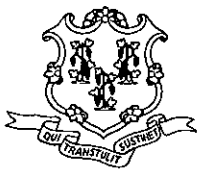
Start Date: _____ Completion Date: _____ Value of Work: \$ _____

I hereby certify that I am the owner of record of the above named property, or that the proposed work is authorized by the owner and that I have been authorized to make this application as the designated agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature: Owner/Agent _____ Date _____ Signature: Contractor _____ Date _____

Building Official Approval _____ Date _____ Witness Authorization Acknowledgement _____ Date _____

Historic Commission Approval _____ Date _____



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:

INSPECTOR

CITY:

ADDRESS:

STATE:

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:

ADDRESS:

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.