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 ADDRESS: CITY:

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.