

Demolition

Permitting Package

**PLEASE READ
NEXT PAGE FOR
PERMITTING PROCEDURES**

Demolition Permitting Package

PLEASE READ CAREFULLY BEFORE STARTING THE PROCESS

List of Required Documentation

- Complete the permit application packet in its entirety
- Provide a copy of the Connecticut Demolition Registration/License.
- Provide a copy of contractor's insurance showing workman's comp.

OR

- The Connecticut 7B Worker's Compensation Form must be completed and notarized.
- A certificate of notice by all public utilities proving service has been disconnected
- In accordance with State Statue Section 29-407: *No person shall commence any demolition operation unless he first notifies each adjoining property owner by registered or certified mail at such owner's last address according to the records of the assessor of the city, town or borough in which such demolition operation is planned.* Building department will need copies of said certified mail received receipts.

Permit fees will be collected by each department separately and to be paid by check or cash only.

Building Department checks are made payable to "Town of Newtown."

Building Department (203) 270-4260

Please see Building Department after all documents are ready & application has been completed BEFORE seeing the following:

Land Use Agency (203) 270-4276

Borough (203) 270-4353

Health District (203) 270-4291

Tax Assessor (203) 270-4240

Tax Collector (203) 270-4320

Public Works (203) 270-4300

Aquarion Water Co of Connecticut (203) 426-2430

TOWN OF NEWTOWN BUILDING DEPARTMENT
DEMOLITION PERMIT APPLICATION

Permit No.:	Receipt No.:	Date Issued:
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REQUIRED DEPARTMENTS TO SIGN OFF ON PERMIT APPLICATION

Zoning:	Conservation:	Health:
Tax Assessor:	Assessed Value:	Tax Collector:
Public Gas:	Public Water:	Public Sewer:
Electric:	Other:	

Is this property in the Borough?	if yes, Borough sign off will be needed
Is this property in the Borough Historic District?	if yes, approval letter will be needed
Is this property in the Hattertown Historic District?	if yes, approval letter will be needed
<i>All refunds must be requested within 30 days of permit date if project under this permit is cancelled.</i>	
	Date:

Property Location Street Address:
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COMPLETE OWNER'S CONTACT INFORMATION BELOW

Owner's Name as it Appears in Land Records:	Owner's Email:	
Owner's Street Address:		
Town/City:	State:	Zip Code:
Home Phone Number:	Work Phone Number:	Fax Number:

LICENSED CONTRACTOR INFORMATION

Name of Contractor:	Contractor's Email:	
Contractor's Business Name:		
Street Address:	Contractor's Phone Number:	
Town/City:	State:	Zip Code:
Demolition Contractor License Number:		Expiration Date:

Complete the description of struture to be demolished below:

BOTH PROPERTY OWNER & CONTRACTORS SIGNATRURE ARE REQUIRED

PROPERTY OWNER PRINT:	
PROPERTY OWNER SIGNATURE:	DATE:
CONTRACTOR PRINT:	
CONTRACTOR SIGNATURE:	DATE:

Removal of Service Building Demolition or Construction

EVERSOURCE

As the owner of this property, I am requesting the removal of the existing Eversource electric service and meter(s) to allow for the demolition/construction of the building in accordance with all applicable Connecticut General Statutes. I certify that the building is vacant. *(To Avoid Delays Please Complete All Information On This Form)*

I CERTIFY THAT THE BUILDING IS VACANT AND SERVICE CAN BE REMOVED AS OF (DATE OF REMOVAL)			WORK REQUEST NUMBER	
STREET ADDRESS WHERE ELECTRIC SERVICE IS TO BE REMOVED			NEAREST CROSS STREET	
TOWN	STATE	ZIP CODE	SERVICE POLE NUMBER	

ACCOUNT NUMBER(S)	
METER NUMBER(S)	METER LOCATION INSIDE OUTSIDE
THE REASON FOR THIS REQUEST? DEMOLITION SPECIAL INSTRUCTIONS CONSTRUCTION	

TYPE OF SERVICE COMMERCIAL RESIDENTIAL OVERHEAD UNDERGROUND		
REMOVAL OF STREET, FLOOD, AREA LIGHTING / UNMETERED EQUIPMENT REQUIRED? YES NO IF YES, TYPE OF EQUIPMENT _____ ACCOUNT NUMBER _____		
PROPERTY OWNER NAME	PRINT NAME	APPLY SIGNATURE
MAILING ADDRESS		
TOWN	STATE	ZIP CODE
TELEPHONE NUMBER OF PROPERTY OWNER	FAX NUMBER	EMAIL NOTIFICATION ADDRESS
ADDITIONAL EMAIL NOTIFICATION ADDRESSES (ADD UP TO TWO)		
NOTARY PUBLIC		DATE NOTARIZED
Not required for single-family, owner-occupied dwellings.		

- EVERSOURCE INTERNAL USE ONLY -		
Date service removed: _____		
This confirms the removal of Eversource electric service for the address indicated above.		
PRINT NAME OF EVERSOURCE REPRESENTATIVE	SIGNATURE OF EVERSOURCE REPRESENTATIVE	DATE

U.S. Postal Mail To:
Electric Service Support Center
Eversource
P.O. Box 2985
Hartford, CT 06104-2985

Overnight Express Mail To:
Electric Service Support Center
Eversource
107 Selden Street
Berlin, CT 06037

fax: 877-285-4448
phone: 888-544-4826
email: ctnewservice@eversource.com