



# TOWN OF GROTON DEMOLITION PERMIT

Please Print

PERMIT # \_\_\_\_\_

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

ZONE: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_ FEE: \$ \_\_\_\_\_

OWNER OF BUILDING: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_ OWNER'S PHONE: \_\_\_\_\_

DESCRIPTION OF BUILDING TO BE DEMOLISHED: \_\_\_\_\_

METHOD & EQUIPMENT TO BE USED: \_\_\_\_\_

SOLID WASTE DISPOSAL SITE TO BE USED: \_\_\_\_\_

DEMOLITION CONTRACTOR: \_\_\_\_\_ LICENSE # \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

DEMOLITION LICENSE SUBMITTED       LIABILITY INSURANCE SUBMITTED

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UTILITY SERVICES DISCONNECTED: (Signed by Utility Service or letter provided)

ELECTRICAL \_\_\_\_\_ DATE \_\_\_\_\_

WATER \_\_\_\_\_ DATE \_\_\_\_\_

GAS \_\_\_\_\_ DATE \_\_\_\_\_

PHONE \_\_\_\_\_ DATE \_\_\_\_\_

CABLE \_\_\_\_\_ DATE \_\_\_\_\_

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MUST BE INSPECTED BY BUILDING DEPARTMENT:

ACCESSORY USE \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL/INDUSTRIAL USE \_\_\_\_\_

Does the property contain wetlands/watercourse? \_\_\_\_\_

Is the property within a historic district? \_\_\_\_\_

If yes, has a COA been obtained? \_\_\_\_\_ COA # \_\_\_\_\_

Does the building have SEWER \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OIL OR GAS TANKS \_\_\_\_\_

I hereby agree to conform to Connecticut State Statute No. 29-401 and  
Town of Groton Ordinance No. 5-2.

OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CONTRACTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
(Demolition Officer)

DEMOLITION COMPLETED \_\_\_\_\_ DATE \_\_\_\_\_

This permit shall become invalid unless the work authorized by such permit is  
commenced within 180 days after its issuance. Refunds will be subject to the  
refund policy.