



Town of Groton Demolition Permit

Return to:
Construction Services
134 Groton Long Point Road
Groton, CT 06340-4873
Phone: (860) 446-5982
Fax: (860) 448-4094

(For Office Use Only)

Permit No.: _____

Fee: _____

Value of Project (Cost of Materials and Labor): _____

Property (Address of structure to be demolished): _____

Owner's Name (as it appears in Land Records): _____

Mailing Address: _____ Telephone: _____

Town: _____ State: _____ Zip: _____ E-mail: _____

Description of structure to be demolished: _____

Method & Equipment to be Used: _____

Solid Waste Disposal Site to be Used: _____

Contractor: _____ Company Name: _____

Mailing Address: _____ Telephone: _____

Town: _____ State: _____ Zip: _____ E-mail: _____

Demolition License Submitted Liability Insurance Submitted

Utility Services Disconnected (Signed by the Utility Service or letter provided):

Electrical: _____ Date: _____

Water: _____ Date: _____

Gas: _____ Date: _____

Phone: _____ Date: _____

Cable: _____ Date: _____

Sewer: _____ Date: _____

APPLICANT MUST CALL TO SCHEDULE A DEMOLITION INSPECTION

Accessory Use Residential Commercial/Industrial

Does the property contain wetland/watercourses?: Yes No

Is the property within the Historic District?: Yes No

If yes, has the COA been obtained? Yes No COA #: _____

Does the building have: Septic Tank Oil or Gas Tanks

CERTIFICATION: I hereby certify that: I agree to conform to Connecticut State Statue No. 29-401 and Town of Groton Ordinance No. 5-2.

Owner's Signature

Date

Contractor Signature

Date

Demolition Officer

Permit Approval Date

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.