

TOWN OF WESTON

APPLICATION FOR DEMOLITION PERMIT - APPLICATION FEE \$300

Application Date _____

ADDRESS OF WORK _____

1. _____
NAME & ADDRESS OF PROPERTY OWNER TELEPHONE
2. _____
*DEMOLITION CONTRACTOR LICENSE NUMBER
- 2a. _____
CONTACT PERSON TELEPHONE

***OWNER ACTING AS OWN DEMOLITION CONTRACTOR:**
PER SENATE BILL NO. 894:
The demolition of a single family residence or out building by an owner of such structure if it does not exceed a height of thirty (30) feet, provided the owner shall be present on site while such demolition work is in progress, shall be held personally liable for any injury to individuals or damage to public or private property cause by such demolition.

SIGNATURE OF OWNER

1. SUBMISSION REQUIREMENTS: apllm12@attglobal.net
Certificate of appropriateness if house/structure is in the Historic District _____
Certificate of Insurance: _____

SHUT OFF NOTICES:

- | | |
|------------------------------|---|
| _____ FUEL TANK | _____ SEPTIC ABANDONMENT - HEALTH DEPT. |
| _____ BRIDGEPORT HYDROLIC CO | _____ ELECTRIC LIGHT & POWER |
| _____ GAS COMPANY | _____ TELEPHONE COMPANY |
| _____ CABLE TELEVISION | _____ ASBESTOS ABATEMENT |

NOTIFICATION TO ADJACENT PROPERTY OWNERS BY OWNER (LIST OF NAMES & ADDRESSES TO BE OBTAINED FROM ASSESSORS OFFICE AND COPIED TO BUILDING DEPARTMENT)

2. CONSERVATION PLANNER
SIGNOFF _____ DATE _____

3. DESCRIPTION OF WORK: _____

I THE UNDERSIGNED, hereby affirm and attest that I am familiar with the requirements and provisions of the Connecticut Basic Building Code, the State statue concerning Historic Districts, and the Demolition Ordinance, of the Town of Weston as they apply to the work described above, and I agree to satisfy those requirements in every portion of that work, and to give the applicable local and state requirements precedence.

I HEREBY CERTIFY that I am the OWNER of the Property herein described, and that I have the necessary legal right and authority to proceed with the work herein outlined, and that the information I have given is true and correct to the best of my knowledge.

PRINT NAME: _____ SIGNATURE _____ DATE _____
OWNER OWNER

SIGNATURE OF CONTRACTOR _____

BUILDING OFFICIAL _____ DATE _____

HOLD HARMLESS AFFIDAVIT

COMPANY LETTERHEAD

Date

In accordance with Connecticut General Statute § 29-406, we _____

_____ Hereby agree to save harmless the Town of
(Contractor name)

Weston and its agents from any claim or claims arising out of the Negligence of
The applicant or his agents or employees in the course of the demolition operations
associated with _____
(Project Title address)

Contractor Signature

Date