



## TOWN OF CANTON

4 Market Street  
P.O. Box 168  
Canton, CT 06019

Building Department  
(860) 693-7854

### OFFICE USE ONLY

PERMIT #: \_\_\_\_\_ FEE AMOUNT: \_\_\_\_\_ CASH / CHECK \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

APPROVED: YES / NO

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

## PERMIT FOR DEMOLITION

**APPLICATION FEE: \$14.00** per thousand, with \$28.00 minimum fee  
Please make checks payable to "Town of Canton"

Location of Structure: \_\_\_\_\_

Assessor's Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Zone: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Description of Structure: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### DEMOLITION PERMIT CHECKLIST

1. \_\_\_\_\_ Written evidence of a Certificate of Insurance
  - a. Liability coverage for bodily injury  
\$100,000 per person minimum  
\$300,000 aggregate
  - b. Property Damage  
\$50,000 per accident  
\$100,000 aggregate
  - c. Town shall be saved harmless from claim
  - d. Worker's Compensation as required by law
2. \_\_\_\_\_ Public Utilities Certificate of Notice

3. \_\_\_\_ Contractor's Certificate of Registration
4. \_\_\_\_ Notice to adjoining property owners by USPS Certified Mail
5. \_\_\_\_ Asbestos inspection, notification, abatement
6. \_\_\_\_ Farmington Valley Health District approval
7. \_\_\_\_ Signature of owner and contractor on permit
8. \_\_\_\_ Fencing: \_\_\_\_\_ required \_\_\_\_\_ waived
9. \_\_\_\_ Sidewalk shed: \_\_\_\_\_ required \_\_\_\_\_ waived
10. \_\_\_\_ Waiting period: \_\_\_\_\_ required \_\_\_\_\_ waived
11. \_\_\_\_ Disposal of debris: \_\_\_\_\_

**CONSENTING SIGNATURE:**

We, the owner of the structure described above and the contractor retained to demolish that structure, hereby declare our intention to comply with the State of Demolition Code as set forth in Chapter 541, Part IV of the Connecticut General Statutes.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date