



**Town of Marlborough Land Use & Building Department  
26 North Main Street  
Marlborough, CT 06447  
860-295-6202**

**APPLICATION FOR DEMOLITION PERMIT**      DATE RECEIVED \_\_\_\_\_

Job Location \_\_\_\_\_ # of Stories \_\_\_\_\_ Height of bldg. \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

Demolition Contractor \_\_\_\_\_ LIC. # \_\_\_\_\_ Type \_\_\_\_\_

Contractor Address \_\_\_\_\_ Phone # \_\_\_\_\_

Description of Building To Be Demolished \_\_\_\_\_

Building Is:    Residential \_\_\_\_\_    Commercial \_\_\_\_\_ (Needs Fire Marshal Approval)

Method of Demolition, \_\_\_\_\_ Method Of Disposal of Materials, \_\_\_\_\_

Name & Location of Disposal Facility \_\_\_\_\_

We the undersigned agree to comply with all the restrictions and regulations set forth in sections 29-401 & 29-415 of the Connecticut General Statutes entitled "State of Connecticut Demolition Code".  
We have received the checklist of requirements and will submit all requirements before any work is done.

**Owners Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Contractors Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Verification of Real Estate Taxes**

**Taxes Paid** \_\_\_\_\_ **Taxes Unpaid** \_\_\_\_\_ **Tax Collector's Signature** \_\_\_\_\_

**Building Permit Validation**

Date Received \_\_\_\_\_ Receipt # \_\_\_\_\_ Permit Fee\$ \_\_\_\_\_

Building Official \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Zoning Enforcement Officer \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Fire Marshall (Only For Ibc Buildings) \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Chatham Health District \_\_\_\_\_ Date of Approval: \_\_\_\_\_