



TOWN OF MADISON BUILDING DEPARTMENT 8 CAMPUS DRIVE, MADISON, CT 06443 TEL: 203-245-5618

APPLICATION FOR DEMOLITION PERMIT

Address of Structure: _____

Type of Structure To Be Demolished: _____

Name of Contractor: _____ Phone: _____

Address of Contractor: _____ Registration #:* _____

Structure Owned By: _____ Phone _____

Address of Owner (If Other than Address of Structure): _____

Contractor's Signature

***ATTACH Liability Insurance Certificate and Copy of Demolition License to Permit Request.**

Note: A letter of verification will be required from all utilities ie: CL&P, Southern CT. Gas, CT. Water, telephone service provider, and cable TV provider, indicating that all services have been disconnected or that there are no such utilities available at that site before a demolition permit will be issued. Letters to adjoining property owners must be sent with certificates of mailing attached to the application.

Fee: _____ Date Paid: _____

PERMISSION IS HEREBY GRANTED

For Removal of Structure at: _____

Permit: _____ Date Issued: _____

Demolition Administrator Officer