

## **Town of East Hampton**

Building Department 20 East High Street, East Hampton, CT 06424 Tel (860) 267-9601 <a href="https://www.easthamptonct.gov">www.easthamptonct.gov</a>

## **APPLICATION FOR DEMOLITION**

Please complete entire application and submit with ALL required information.

	Phone
Owners address	Email
Address of Structure to be demolished	
Assessors Map Block Lot	
Type of construction	
Estimated cost of demolition	
Demo Contractor Name	Phone
	Email
Demo Contractor License No:	Expiration date:
Contact person for this application	Phone
name the Town of East Hampton as add 3) Demo contractor must provide a "save la". 4) Letter from company removing or access. 5) Copy of letter notifying adjoining proper certified or registered mail. If 50 years 6) Copy of assessors' field card/property of 7) Construction documents and schedule of 8) Attach an actual photograph(s) of struct 9) Contact Chatham Health regarding com	as, water, electric, phone, cable, etc. nce, and liability insurance, insurance certificate must ditional insured. Include copy of license. harmless" declaration. epting debris. erty owners; please attach receipts from post office; s old or older must be a copy of the legal notice. card. of demolition. (approx. start & finish dates) eture to be demolished. inpliance with the Health District; 860-365-0884.
- · · · · · · · · · · · · · · · · · · ·	and property owner to comply with ALL aspects of tions as the result of any proposed demolition and/or y.
	all the restrictions and regulations set forth in section to General Statutes entitled "State Demolition Code"
Signature of owner	Date
Signature of demo contractor	Date
Date of application	Fee: Rec'd by: