



BUILDING DEPARTMENT

Town of Lebanon

579 Exeter Road, Lebanon, Connecticut 06249

Phone: 860-642-6028 Fax: 860-642-2022

DEMOLITION PERMIT APPLICATION

Site Address of Demolition: _____

Zone: _____ Assess Value of Structure: \$ _____

Owner: _____

Mailing Address: _____

Description of Building/Structure: _____

Demolition method and equipment to be used: _____

Location of debris to be disposed as follows: _____

Demolition Contractor Information:

Demolition Contractor: _____

Address: _____

Connecticut State License Number: _____ Phone: _____

Company Insured With: _____

Address: _____

Bodily Injury Each: _____ Aggregate: _____

Property Damage Each: _____ Aggregate: _____

Written notices of the following utilities disconnected, meters removed and lines capped/plugged:

Electric: _____ Water: _____ Telephone: _____ Gas: _____

Sewer line capped: _____ Sewer Tank Removed: _____

Copies attached of registered letters sent to the following property owners:

Applicants Signature: _____ Date: _____

(Rev. 10/19/2012) **FOR OFFICE USE ONLY:**

Permit #: _____ Date received: _____ Permit Fee: \$ _____ Paid: Check _____ Cash _____

Approved: _____ Approved: _____

Building Official

Sanitarian

TOWN OF LEBANON

BUILDING DEPARTMENT

579 EXETER RD.

LEBANON, CT 06249

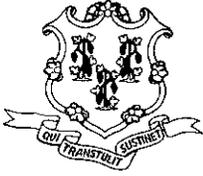
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DEMOLITION REQUIREMENTS

Required with demolition application:

- Copies of postmarked registered receipts of all abutting property owners notifying them of demolition along with a copy of the letter sent.
- Written notices of disconnect from companies providing services for the following where applicable:
 - Electric, water, telephone, gas, sewer line capped, septic tank removal.
- Assessor Street Card of demolition site.
- Assessor Street Cards of all demolition site property abutters.
- Copy of Assessors plot map showing demolition property and abutter's properties.
- Copy of Demolition Contractor license and Certificate of Insurance.
- Health Department approval requires documentation from Connecticut licensed testing agency certifying no lead or asbestos at site.
- Permit fee: \$15.00 per thousand or any portion thereof of the assessed value and a minimum of \$25.00.
- State Education fee: .26 per thousand of assessed value fee.
- Lebanon Historical Society Notification, phone 860-642-6579.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

DEMOLITION NOTIFICATION FORM

FOR STATE USE ONLY
Postmark Date
Check #
Transmittal No.
Amount Paid
Record No.

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of demolition as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of FIFTY (\$50) dollars.

1. TYPE OF NOTIFICATION:

A. [] NEW B. [] EMERGENCY C. [] REVISED ITEMS REVISED:

2. FACILITY OWNER:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NO.:

3. LOCATION OF FACILITY TO BE DEMOLISHED:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NO.:

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES [] NO []

4. INSPECTION INFORMATION: NAME OF INSPECTOR:

LICENSE #:

DATE OF INSPECTION:

INSPECTOR ADDRESS:

CITY:

STATE:

ZIP:

PHONE NO.:

(Inspection information applicable to facilities subject to the asbestos NESHAP, 40 C.F.R., Part 61)

In accordance with Section 61.145 of the U.S. Environmental Protection Agency's National Emission Standards for Hazardous Air Pollutants (NESHAPs) regulation, the owner or operator of a facility shall, prior to the commencement of renovation or demolition, inspect the affected portions of the facility for asbestos, including Category I and Category II nonfriable asbestos.

5(A.) DEMOLITION START DATE:

5(B.) DEMOLITION COMPLETION DATE:



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