

**CITY OF WEST HAVEN APPLICATION FOR STRUCTURE DEMOLITION PERMIT**

HOUSE # \_\_\_\_\_ STREET \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Signature: \_\_\_\_\_  
Property Owner's Mailing Address: \_\_\_\_\_

Contractor \_\_\_\_\_ DEMO LICENSE # \_\_\_\_\_ A \_\_\_ B \_\_\_  
Contractor's Address \_\_\_\_\_  
Contractor's Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupancy: \_\_1 Family\_\_2 Family\_\_Other \_\_\_\_\_  
Construction Type: \_\_\_\_\_  
Is this Structure listed on a Historic Register?\_\_\_ Is the Structure located in a Historic District?\_\_\_\_\_ Total value of Demolition and Disposal \$ \_\_\_\_\_  
Height of Structure \_\_\_\_\_ Distance from Structure to property line \_\_\_\_\_ Distance of Structure to nearest other structure \_\_\_\_\_

*Office use only*  
Total value of labor, materials, and disposal: \$ \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Final Cert of Approval \$ \_\_\_\_\_ Total \$ \_\_\_\_\_ App. Date: \_\_\_\_\_  
Zoning Approval \_\_\_\_\_ Date \_\_\_\_\_

Building Official Approval: \_\_\_\_\_ Date: \_\_\_\_\_ FM Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*The undersigned owner or authorized agent applies for a permit to demolish an existing building or structure in accordance with the laws and ordinances of the City of West Haven CT and the Connecticut General Statutes, the CT State Building Code, and the CT State Demolition Code and intends to comply with same. Demo permits are issued to the owner in fee, and compliance with all regulations is the responsibility of the owner in fee of the subject parcel.*

**I hereby swear that the this application is authorized by the owner in fee and that said applicant is authorized by the owner in fee to make said application.**  
Personally Appeared \_\_\_\_\_ Authorized agent for: \_\_\_\_\_ Owner  
Who made oath that the statements herein were true and correct before me this \_\_\_\_\_ day of \_\_\_\_\_  
Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

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How will the basement and other excavations be filled? \_\_\_\_\_

Describe fencing and public safety plans: \_\_\_\_\_

**Check all that applies to this structure:**

Well\_\_\_\_ City Water\_\_\_\_ Septic\_\_\_\_ City Sewer\_\_\_\_ Propane Tanks\_\_\_\_ Fuel Oil Tanks\_\_\_\_ Natural Gas\_\_\_\_ Electric\_\_\_\_ Telephone\_\_\_\_ CATV\_\_\_\_  
City Storm Sewer Connection\_\_\_\_ Retaining Walls\_\_\_\_ City Sidewalk\_\_\_\_ Solar\_\_\_\_ Lead\_\_\_\_ Asbestos\_\_\_\_ Haz Mat\_\_\_\_ Abuts State Highway\_\_\_\_

**Document Check List**

_____ Plot Plan showing all distances to structures, property lines, and the public way. Identify fence, dumpster, and loading area locations, storm sewer inlets, nearby water courses and wetlands	_____ Evidence of Workers Comp Insurance
_____ Tax Map showing all abutters names on parcels	_____ Proof of Liability Insurance
_____ List of abutters corresponding to Tax Map	_____ Fire Marshal Approval Letter
_____ Copy of Abutter notice letter	_____ Indemnification Letter on company stationary
_____ Proof of mailing for all Abutters.	_____ Insurance
_____ Copy of State Demolition License	

**Clearance Letters Attached:**

United Illuminating _____	State DPH _____	Flood Plain Permit _____
Southern CT Gas _____	West Haven Fire Marshal _____	Inland Wetland Approval _____
COMCAST _____	West Haven Health Department _____	Coastal Mgmt: _____
Frontier Telephone _____	Lead _____	
West Haven DPW _____	Asbestos Notice _____	
Conn Dot _____	Demo Notice _____	
West Haven Sewer Authority _____	Abatement Clearance _____	
Regional Water Authority _____	Other _____	

**Indemnification and Insurance:**

*Pursuant to CGS 29-406.* Licensed Demo Contractor hereby indemnifies and holds the City of West Haven, its agents, officers, and employees harmless from any claim or claims arising out of the negligence of the Contractor or his agents or employees in the course of the demolition operations. Contractor shall provide written evidence (1) of financial responsibility, and maintain such in full force and effect for the duration of this project, in the form of an insurance policy specifying demolition purposes and providing COMMERCIAL GENERAL LIABILITY coverage of at least one million dollars per OCCURRENCE with a GENERAL AGGREGATE of at least two million dollars; and for property damage of at least fifty thousand dollars per accident with an aggregate of at least one hundred thousand dollars; and the insurance policy shall provide that the City of West Haven, its agents, officers, and employees shall be named as “additional insured” by policy endorsement with respect to General Liability. An “ACCORD” type form issued by the agent is required to meet this obligation. Proof of Workers’ Compensation insurance is also required.

Licensed Demo Contractor \_\_\_\_\_ by: \_\_\_\_\_

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

Personally Appeared \_\_\_\_\_ Authorized agent for Demolition Contractor named above;

Who made oath that the statements herein were true and correct before me this \_\_\_\_\_ day of \_\_\_\_\_ Yr \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

*This application for a demolition permit is governed by the current applicable CT State Statutes, CT State Building Code, as amended, and applicable ordinances enacted by the City of West Haven.*

### **CT State Building Code:**

**Section 105.3.1 ACTION ON APPLICATION** reads in part: “The Building Official shall examine or cause to be examined application for permits and amendments thereto within 30 days after filing and either issue or deny a permit within such 30 day period. If the application or construction documents do not conform to the requirements of this code and pertinent laws, the Building Official shall reject such application in writing stating the reasons therefore.”

**Section 105.3.1 ZONING APPROVAL** reads in part: “No Building Permit shall be issued in whole or in part for a building use or structure subject to the zoning regulations of the municipality without certification in writing by the official charged with enforcement of such regulations that such building, use or structure is in conformity with such regulations or is a valid non-conforming use under such regulations.”

**Section 105.3.1.2 FIRE MARSHAL APPROVAL** reads in part: “No Building permit for a building structure or use subject to the requirements of the CT State Fire Code, [as amended], shall be issued in whole or in part without certification in writing from the local Fire Marshal that the construction documents for such building, structure, or use are in substantial compliance with the requirements of the CT State Fire Code [as amended].”

## Indemnification letter required by Public Act 15-131

**Please copy this language and place it on the Licensed Demolition Contractor's letterhead.**

**[www.cityofwesthaven.com/departments-Building-Department.htm](http://www.cityofwesthaven.com/departments-Building-Department.htm)**

*Name of Contractor* \_\_\_\_\_ as part of his/its application for a Demolition Permit from the City of West Haven, does hereby expressly agree as Contractor to at all times indemnify, defend, and hold harmless the City and its officers, agents, and employees, on account of any and all demands; claims; damages; losses; litigation; financial costs and expenses, including counsel's fees; and compensation arising out of personal injuries (including death) and any damage to property real or personal, and any other loss or expense, directly or indirectly arising out of, related to, or connected with the demolition permit and the work to be performed thereunder by the Contractor, its employees, agents, subcontractors, material suppliers, or anyone directly or indirectly employed by any of them. The contractor shall and does hereby assume and agree to pay for the defense of all such claims, demands, suits, proceeding and litigation.

*Name of Contracting Company* \_\_\_\_\_

Signed: \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

### INSURANCE CHECKLIST:

**1.) Liability Insurance** must state coverage includes "**demolition hazards**"

**2.) Minimum Limits:**

- a.) 1 million per occurrence;
- b.) General aggregate limit 2 million; and
- c.) for property damage of at least fifty thousand dollars per accident with an aggregate of at least one hundred thousand dollars

**3.) Additional Insured Statement:**     **"The City of West Haven, its agents, officers, and employees shall be named as "Additional Insured" by policy endorsement with respect to General Liability"**.

**4.) Proof of Workers Compensation Insurance is also required.**