# Checklist for Application for Demolition Permit

Property Address: _____

Is this structure more than 75 years old? _____

Does this structure exceed 500 square feet? _____

☐ Notice of Intent to Demolish - If the answer is yes to both of the above, **OR** the structure is listed on the National Register of Historic Places, a Notice of Intent to Demolish will need to be completed and the steps outlined in the Ordinance for Delaying Granting of Permit for Demolition of Historic Buildings must be followed.

- Date sent to CC's: _____
- Date posted on website: _____
- Date sign posted: _____

☐ Town of Essex Demolition Permit Application (completed by both property owner and demolition contractor.)

☐ Permit Fee Cash $_____
Check $_____

☐ Certificate of demolition registration

☐ Certificate of Insurance naming the Town of Essex as an additional insured.

☐ Declaration from contractor, on company letterhead and signed by an officer of the company, containing the save harmless statement outlined in the 9/24/14 memorandum from the Department of Administrative Services (Division of Construction Services.) – attached.

☐ Public Utility Disconnect Notices

| Public Utility Company | Attached | Not Applicable |
|---|---|---|
| CT Light & Power | | |
| Phone Company | | |
| Cable Company | | |
| Propane/gas Company | | |
| Water Company | | |

☐ Copy of Pre-Demolition review regarding the existence/non-existence of asbestos containing material(s). If asbestos containing material(s) found, a report from a licensed asbestos abatement contractor stating that any asbestos containing material found has been removed in their entirety. *(Does NOT apply to single family homes.)*

☐ Copy of State Department of Public Health "Demolition/Notification Form"

☐ Copies of Certified Mail Notices to adjoining property owners (CGS 29-407)

2/26/15

Town of Essex
Building Department
29 West Avenue, Essex CT 06426
(860) 767-4340 extension 117 Fax (860) 767-8509

# NOTICE OF INTENT TO DEMOLISH

Fee: $175.00* (payable to the Town of Essex)

☐Residential ☐Commercial Assessor's Map _____ Lot _____

Building/Structure Address: _____

Property Owner(s) :_____

Property Owner(s) mailing address: _____

Property Owner(s) phone: _____ e-mail address: _____

Approximate area of each floor of the building or structure: _____

_____

General characteristics of the building or structure: _____

_____

Estimated age of the building or structure: _____

General description of the material of the building, structure and its appurtenances: _____

_____

_____

_____

Print Name of Applicant: _____

Signature of Applicant: _____ Date: _____

No demolition permit application shall be deemed complete and filed until such Notice is filed and accepted as complete by the Building Official.

Building Official: _____ Date: _____
David R. DeLeeuw

*$100.00 refundable upon return of posted sign.

Sign Posted: _____

Sign Returned: _____

cc: First Selectman
Town Historian
President, Essex Historical Society

10/15/14

# DEMOLITION PERMIT REQUIREMENTS

**(2/26/15)**

There are no permit requirements for demolition with the **Zoning Department**. Please see "What if my house burns down?" at www.essexct.gov/land-use-zoning-inland-wetlands for requirements regarding re-construction should the current structure have non-conforming characteristics or if there are wetlands or a watercourse nearby.

**For the Health Department:**

1. Health Department review of septic system and well protection measures.
2. Copy of State Department of Public Health "Demolition/Notification Form/Asbestos Abatement Notification Form" (See Health Department demolition requirements attached or at www.essexct.gov/health-department)

**Permit applicants must complete the Application for Demolition Permit and submit the following to the Building Department:**

**Note**: For structures that are included on the National Register of Historic Places or are over 75 years old, see the demolition delay ordinance for procedures and information regarding the 90 day waiting period.

3. Completed Application signed by BOTH owner of property and demolition contractor
4. Appropriate permit fee
5. Certificate of demolition registration (see **Registration Guidelines/Exceptions***)
6. Certificate of Liability insurance naming the Town of Essex as an additional insured.
    a. Specifying demolition purposes
    b. 100,000/300,000 bodily injury
    c. 50,000/100,000 property damage
    d. Declaration from contractor containing save harmless statement as outlined in 9/24/14 DAS memorandum. (attached)
7. Notification of Disconnect Certificate from each public utility serving the building to be demolished stating that all service connections are discontinued and capped.
8. Per 29-407: Copies of notifications to all adjoining property owners by registered or certified mail at last known address in assessor's records.

**DEMOLITION NOT TO COMMENCE UNTIL PERMIT ISSUED.**

## *REGISTRATION (LICENSE) GUIDELINES/EXCEPTIONS

1. Per CGS 29-402 "No person shall engage in the business of demolition of buildings without a certificate of registration." see #3 below for registration exceptions
2. Two classes of registration: Class A: Structures that exceed 2 ½ stories or 35' in height. Class B: Structures equal to or less than 2 ½ stories or 35' in height.
3. Registration exceptions – Registration/license is not required for the following:
    a. Person engaged in disassembling, transportation and reconstruction of historic buildings *for historic purposes*
    b. Demolition of farm buildings
    c. Renovation, alteration or reconstruction of single-family residence- See #4 below
    d. Burning of building by Fire Department for training
4. The demolition of a single family residence or outbuilding by owner meets registration exceptions under the following conditions:
    a. Structure cannot exceed 30' in height
    b. Owner shall be present on site while demo work is in progress – need not perform demolition
    c. Owner held personally liable for injury to persons or property (public or private)
    d. Building must have clearance to other structures, roads or highways equal to or greater than height of building

DEPARTMENT OF ADMINISTRATIVE SERVICES
STATE OF CONNECTICUT
DIVISION OF CONSTRUCTION SERVICES
165 Capitol Avenue
Hartford, CT 06106

# Memorandum

**Date:** September 24, 2014

**To:** Municipal Building Officials
Chief Elected Officials

**From:** Joseph V. Cassidy, P.E., Acting State Building Inspector

**Subject:** Insurance Certificate Requirements for Demolition Permits

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The State of Connecticut, Office of the State Building Inspector is providing this memorandum and guidance to address a conflict between state laws relating to (1) insurance requirements for demolition permits; and (2) the form and content of "certificates of insurance."

C.G.S. §29-406 outlines the requirements for obtaining a demolition permit, and states in relevant part:

> No person shall be eligible to receive a permit under this section unless such person furnishes written notice to the building official (1) of financial responsibility in the form of a certificate of insurance specifying demolition purposes and providing liability coverage for bodily injury of at least one hundred thousand dollars per person with an aggregate of at least three hundred thousand dollars, and for property damage of at least fifty thousand dollars per accident with an aggregate of at least one hundred thousand dollars; *each such certificate shall provide that the town or city and its agents shall be saved harmless from any claim or claims arising out of the negligence of the applicant or his agents or employees in the course of the demolition operations*; . . . (emphasis provided).

Public Act 14-74 relates to "certificates of insurance," and provides in relevant part that:

> No certificate of insurance shall warrant that the referenced insurance policy complies with the insurance or indemnification requirements of a contract. The inclusion of a contract number or contract description on a certificate shall not be construed as making such a warranty.

It has come to our attention that the C.G.S. § 29-406 clause requiring that certificates of insurance include save harmless language conflicts with Public Act 14-74 and the Connecticut Unfair Insurance Practices Act under C.G.S. §38a-816, and may be problematic for insurance agents to fully comply given the coverage afforded under standard commercial general liability policies.

Please be advised that the Department of Administrative Services will be working with the legislature next session to revise C.G.S. § 29-406 to eliminate the conflict in the statutes and to ensure that any insurance required to obtain a demolition permit is commercially available and acceptable.

Until the statutory conflict is resolved, the Office of the State Building Inspector will no longer require that certificates of insurance relating to demolition permits include save harmless language. We recommend that municipalities accept the following documents instead to fulfill this statutory requirement:

1) A certificate of insurance demonstrating the prescribed coverage, and which names the municipality issuing the demolition permit as an additional insured; and

2) A separate declaration from the contractor, on company letterhead signed by an officer of the company, with the following save harmless statement:

> In accordance with Connecticut General Statute § 29-406, we **[contractor]** hereby agree to save harmless the **[town or city]** and its agents from any claim or claims arising out of the negligence of the applicant or his agents or employees in the course of the demolition operations associated with **[project title, address]**.

# Health Department Demolition Permit Requirements:

A COPY of the Demolition Notification to remain in the property file.

**Health Department:**

Any building being demolished, regardless of its use, (single family, multi-family, residential, commercial, industrial, public, private, etc.) must have a completed Demolition Notification form submitted to the CT Department of Public Health as required by the Regulations of CT State Agencies (RCSA), Section 19a-322a-3. All buildings other than single family homes must also have an asbestos inspection done by a licensed asbestos contractor prior to demolition.

**Demolition Notification Form** (required for all buildings being demolished)

1. This form must be completed and submitted to the Department of Public Health (DPH) when a facility is being demolished and the facility either contains no known asbestos-containing material or if the facility contains no more than ten (10) linear feet or no more than twenty-five (25) square feet of asbestos-containing material.

   Note: Facility means any private or public building or structure including but not limited to those used for institutional, residential (including single family homes), commercial or industrial purposes and vessels while ashore or in drydock.

2. Demolition can begin 10 calendar days or more after postmark date on the Demolition Notification Form and after all other permits are issued.

**Asbestos Abatement Notification Form** (use only if asbestos abatement is required)

1. This form must be completed and submitted to the Department of Public Health (DPH) for asbestos abatement involving more than ten (10) linear feet or more than twenty-five (25) square feet of asbestos-containing material.
2. All asbestos abatement involving more than three (3) linear feet or more than three (3) square feet of asbestos-containing material must be performed by a licensed asbestos contractor.
3. The Demolition Notification Form (above) does not need to be submitted to DPH *if* the agency previously received an *asbestos abatement* notification form for the facility in which "Demolition" was indicated in Box 9.

All asbestos abatement contractors, consultants, workers & site supervisors must be licensed by the CT DPH. To verify a license go to www.elicense.ct.gov

**Drinking Water Wells & Septic Systems**

The Health Dept must be notified of the status of the existing on-site septic system and wells – will they remain in place or be abandoned. Documentation of septic system abandonment must be submitted to the health department. Well abandonment must be done by a licensed well driller and the appropriate Well Abandonment Form must be submitted to the Health Dept. (RCSA, Sec. 25-131)

# 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. A check in that amount made payable to **"Treasurer, State of Connecticut"** must be submitted with the notification form. In case of emergency notifications, this form is to be completed and postmarked or hand delivered within one (1) working day following the start of demolition. **A copy of the written order requiring demolition prepared by a state or local building official shall accompany each emergency demolition notification.** Faxed originals are not acceptable. Revisions to the original notification form may be faxed. Further instructions are found on back of this form.

### *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:* | |
|---|---|---|---|---|---|

*Phone: **(860) 509-7367/ Fax (860) 509-7378***
*Telephone Device for the Deaf: (860) 509- 7191*
*410 Capitol Avenue, MS# **51 AIR***
*P.O. Box 340308*
*Hartford, CT 06134-0308*
*Affirmative Action / An Equal Opportunity Employer*

**6. *USE OF FACILITY:***

**A.** SCHOOL (K-12) **B.** PUBLIC BUILDING **C.** MANUFACTURING **D.** OFFICE **E.** COLLEGE

**F.** COMMERCIAL **G.** CHURCH/SYNAGOGUE **H.** RESIDENTIAL, # OF DWELLINGS **I.** OTHER

*(I. SPECIFY)* SINGLE FAMILY HOME – asbestos *inspection* is not required

**7. *BUILDING DATA:*** SQUARE FEET: # OF FLOORS: AGE:

**8. *DEMOLITION CONTRACTOR:***

NAME: CONTACT PERSON:

ADDRESS:

CITY: STATE:

ZIP: PHONE NO.:

**9. *DEMOLITION DISPOSAL FACILITY:***

NAME:

ADDRESS:

CITY: STATE:

ZIP: PHONE NO.:

**10. *DEMOLITION WASTE HAULER:***

NAME:

ADDRESS:

CITY: STATE:

ZIP: PHONE NO.:

**11. *PERSON COMPLETING THIS FORM:***

NAME:

ADDRESS:

CITY: STATE:

ZIP: PHONE NO.:

***SIGNATURE*** ***DATE:***

The submission of the **Notification of Demolition Form** is not required provided that an **Asbestos Abatement Notification Form** was previously submitted to the Department of Public Health involving abatement related to the demolition of the facility. In that case, the **Asbestos Abatement Notification Form** submitted to the agency satisfied the notification requirement for demolition of the facility. In all cases of demolition, one and only one form (**Notification of Demolition Form** or **Asbestos Abatement Notification Form**, as applicable) shall be sufficient to satisfy the Department of Public Health notification requirements detailed in Section 19a-332a-3 of the RCSA.

# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

ASBESTOS ABATEMENT NOTIFICATION FORM

| STATE USE ONLY | |
|---|---|
| *Post Mark Date* | |
| Check # | |
| Amount | $ |
| Transmittal # | |
| Record # | |

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 asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-332a-3. In case of an emergency, this form is to be completed and postmarked within one (1) working day following the start of asbestos abatement. Faxed originals are not acceptable. Revisions may be faxed unless an additional fee payment is due.

**1. TYPE OF NOTIFICATION:**

A. NEW ___ B. BLANKET ___ C. CANCELLATION / POSTPONED C _____ P _____

D. REVISED ___ (ITEMS REVISED) _____ REVISION # _____

E. EMERGENCY DESCRIBE NATURE OF EMERGENCY

**2. ABATEMENT CONTRACTOR:**

NAME: _____ LICENSE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # _____ CONTACT PERSON: _____

**3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # _____ CONTACT PERSON: _____

**4. NAME OF FACILITY:(FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)**

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

**5.(A) ABATEMENT START DATE:** ___/___/___ *Month/Day/Year format* **5.(B) COMPLETION DATE:** ___/___/___ *Month/Day/Year format*

**(#6 only)** *TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET*

Notification Fee Due: $100.00 + 1% total asbestos abatement cost _____

**6. TOTAL ABATEMENT PROJECT COST:** _____ ***REVISED COST (ONLY FOR REVISIONS):** _____

**7. USE OF FACILITY:**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| A. SCHOOL (K-12) | | B. PUBLIC BUILDING | | C. MANUFACTURING | | D. OFFICE | | E. COLLEGE | |
| F. COMMERCIAL | | G. CHURCH/SYNAGOGUE | | H. RESIDENTIAL, # OF DWELLINGS | | | | I. OTHER | |
| *(I. SPECIFY)* | | | | | | | | | |

Phone: (860) 509-7367/ Fax: (860) 509-7378
Telephone Device for the Deaf: (860) 509-7191
410 Capitol Avenue- MS # 51 AIR
PO Box 340308 Hartford CT 06134-0308 Hartford CT 06134

*Affirmative Action/ An Equal Opportunity Employer*

ADDRESS:_____
TOWN:

**8. BUILDING DATA:**

SQUARE FEET: _____ NUMBER OF FLOORS: _____ AGE: _____

**9. ABATEMENT CLASSIFICATION:**

RENOVATION _____ DEMOLITION _____ ORDERED DEMO (AGENCY ISSUING ORDER) *MUST ATTACH COPY OF DEMO ORDER* _____

**10. ABATEMENT TECHNIQUE:**

A. FULL CONTAINMENT WITH NEGATIVE AIR B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED

(IF AWP, include) Project Designer & LICENSE # _____

C. EXTERIOR ABATEMENT D. SPOT REPAIR (>25 SQ. FT. TOTAL) _____

**11. ABATEMENT METHOD:**

A. REMOVAL _____ B. ENCAPSULATION _____ C. ENCLOSURE _____

**12. TYPE OF DECONTAMINATION SYSTEM:**

A. CONTIGUOUS _____ B. REMOTE _____ C. BOTH _____

**13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET)**

| FRIABLE MATERIAL | | NONFRIABLE MATERIAL | |
|---|---|---|---|
| A. SPRAYED /TROWELED ON: | | **Category I** | |
| B. BOILER INSULATION: | | I. FLOOR COVERINGS/TILES: | |
| C. TANK INSULATION: | | J. ROOFING, SPECIFY: | |
| D. BREECHING INSULATION: | | K. GASKETS, PACKINGS: | |
| E. DUCT INSULATION: | | **Category II** | |
| F. CEILING TILES: | | L. TRANSITE BOARD: | |
| G. OTHER, SPECIFY: | | M. OTHER, SPECIFY: | |

| H.* PIPE INSULATION: | **Use conversion table** | **Total Square Feet** |
|---|---|---|
| *(Pipe diameter)"* | *Multiply LF by CF* | *= Total Square Feet* |
| | | |
| | | |
| | | |
| | | |

**14. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY)**

| | |
|---|---|
| NAME: | |
| ADDRESS: | |
| CITY, STATE, ZIP: | |
| OWNER, OPERATOR: | |

**15. HAULER/ WASTE TRANSPORTER**

| | |
|---|---|
| NAME: | |
| ADDRESS: | |
| CITY, STATE, ZIP: | |

Signature and Title of Person Completing this Form: _____

*Mail to:*
**DPH**
**ASBESTOS PROGRAM**
**410 CAPITOL AVENUE, MS # 51 AIR**
**PO BOX 340308**
**HARTFORD CT 06134-0308**

# Town of Essex Building Permit Application

Residential ___ Commercial ___

Town of Essex Building Department
29 West Avenue, Essex, CT 06426
Phone: 860-767-4340 Building Official x 117/Asst. 144 Fax: 860-767-8509

HVAC ___ PLMB ___ ELEC ___
CRS # _____ Sprinkler ____

Permit # _____

Map: _____ Lot: _____ Zone: _____ Year Built: _____

Project Permit # _____

Property Address: _____ Village: _____

Owner of Record: _____

Applicant/Contractor: _____ Lic # _____
Attach copy of Contractors License & Certificate of Insurance for Worker's Compensation or State of CT Form 7A/7B)

Mailing Address: _____
(No./Street/PO Box/City/State/Zip)

Telephone/Cell# _____ E-mail address: _____

Type of Improvement: ☐ New Construction/addition ☐ New Shed/Garage/Barn ☐ New Deck ☐ Foundation Only
☐ Roof ☐ Demolition ☐ Repair/Alteration ☐ Other Proposed Use: _____ Proposed Occupancy:_____

Description of proposed work : _____

_____

_____

Commercial Only (New Construction/Additions) Construction Type: _____ Design Occupant Load: _____
New Square Footage: _____ Sprinkler Provided: Y/N Sprinkler Required: Y/N

**Electrical $** _____ **HVAC $**_____ **Plumbing $**_____ **Total Cost of Project $** _____

***Please make check payable to: Town of Essex **Fee $** _____

(Note: Fee schedule available at www.essexct.gov. )

**This application is to be accompanied by (2) sets of construction documents unless waived by the building official.**

*I hereby certify that I am the Owner of Record of the named property, or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent. We agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. In addition, if a permit for work described in this application is issued, I certify that the code official or the code officials authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce provisions of the code(s) applicable to such permit.*

Applicant's Signature: _____ (Property owner/Contractor/demo contractor/authorized agent)
Date: _____

Property Owner: _____ (for Demolition permit) Date: _____

Approved:

Fire Marshal (Commercial only): _____ Tax Dept _____ Zoning _____ Health _____
(initial) (initial) (initial) (initial)

Building Official: _____ Approved (Date): _____

FILE-APPLICANT-OWNER-BINDER 3-20-14

Essex Building Department

Inspection Request Form

Permit No: _____ Map: _____ Lot: _____

Project Address: _____

Contractor: _____ Telephone/Cell # _____

Scope of Work: _____

| Type of Inspection | Date of inspection | Approval | Comments |
|---|---|---|---|
| Footings | | | |
| Walls/Reinforcement | | | |
| Damp proofing/Footing Drains | | | |
| Electric Service Trench | | | |
| Electric Service | | | |
| Underground Electrical | | | |
| Rough Framing/Shear panels | | | |
| Rough Plumbing | | | |
| Rough HVAC/Duct Tightness | | | |
| Rough Electrical | | | |
| Air Sealing | | | |
| Insulation | | | |
| Underground Tank | | | |
| Underground Piping/Plumbing | | | |
| Sprinkler System | | | |
| Gas Pressure Test | | | |
| Gas Appliance | | | |
| Chimney/Fireplace Throat | | | |
| Driveway Approach | | | |
| Certificate of Occupancy/Completion | | | |
| Demolition Completion | | | |
| | | | |
| | | | |
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