DATE REC'D:

_____

TOWN OF STAFFORD, CT

Demolition Permit

Town Hall, 1 Main Street
Stafford Springs, CT 06076
860-684-1775/ 684-1793
FAX: 860-684-1768

DEMO PERMIT #_____ ☐**ENTERED** **Fee: $** _____ **Paid:** _____

Complete Address of Job:		**MAP/LOT:**
Property Owner:	**Address (if different):**	**Home / Cell Telephone:**
Contractor/Applicant:	**Contractor's Complete Mailing Address:**	**Contractor Office Telephone:**
Contractor's License:	**___ Copy of License ___ Copy Liability Insurance rec'd** **License Exp. Date:** _____	**Contractor Alternate Phone:**

DESCRIPTION OF STRUCTURE TO BE REMOVED:

☐ **Residential Building** # of Living Units: _____

Building square footage: _____ # of Stories: _____

☐ **Commercial Building** Building square footage: _____ # of Stories: _____

☐ **Accessory Building** Building square footage: _____

DISTANCE OF STRUCTURE FROM NEAREST BUILDING: _____

DISTANCE OF STRUCTURE FROM PROPERTY/STREET LINES:

(N)_____ (S)_____ (E)_____ (W)_____

Contractor's Signature: _____ ***Date:*** _____

Owner's Signature: _____ ***Date:*** _____

IMPORTANT:

Please notify the Building Official when the structure is removed, property graded or cellar hole capped so an adjustment of assessment can be made within the allotted time allowed by State Statute.

TAXES VERIFIED? **YES or NO**

PERMIT APPROVAL:

Building Official Approval: _____ ***Date:*** _____

1/30/2014

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