

MAP _____ BLOCK _____ LOT _____



NOTICE OF INTENT TO DEMOLISH A STRUCTURE - TOWN OF WASHINGTON

STREET ADDRESS OF PROPOSED DEMOLITION: _____

EXISTING USE: Residential _____ Commercial _____ Industrial _____ High Hazard _____ Utility/Misc. _____

YEAR BUILT: _____ SQUARE FOOTAGE: _____ (Please attach a photo of the structure to be demolished.)

PROPERTY OWNER: Last Name: _____ First Name: _____
Address: _____ Phone: _____

APPLICANT: Last Name: _____ First Name: _____
Address: _____ Phone: _____
Email: _____

CONTRACTOR INFORMATION:

Name: _____
Address: _____
Phone: _____

License/Registration Number & Class

Expiration Date

REASON FOR REQUESTING DEMOLITION PERMIT and DESCRIPTION OF PROPOSED REPLACEMENT:

**** NOTICE OF INTENT TO DEMOLISH A STRUCTURE IS REQUIRED BEFORE DEMOLITION BEGINS ****

I CERTIFY THAT I AM THE OWNER OR AUTHORIZED AGENT FOR THE OWNER. ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE OWNER OF THE ABOVE-DESCRIBED PROPERTY AND WILL BE PERFORMED UPON REVIEW BY THE DELAY OF DEMOLITION COMMISSION AND OBTAINING A PERMIT FROM THE LOCAL BUILDING OFFICIAL.

APPLICANT SIGNATURE: _____ DATE: _____

NOTICE OF INTENT TO DEMOLISH UNDER LOCAL ORDINANCE PURSUANT TO SECTION 29-406(b) OF THE CONNECTICUT GENERAL STATUTES, TO IMPOSE A WAITING PERIOD (NOT MORE THAN 120 DAYS) BEFORE GRANTING A DEMOLITION PERMIT FOR CERTAIN STRUCTURES MORE THAN 75 YEARS OF AGE AND/OR OF ARCHITECTURAL, HISTORICAL, OR CULTURAL IMPORTANCE.

DELAY OF DEMOLITION COMMISSION / BUILDING DEPARTMENT USE ONLY

APPLICATION IS: ☐ APPROVED ☐ DENIED

COMMENTS: _____

DOD CHAIR SIGNATURE: _____ DATE: _____

REVISED 5/2023