

TOWN OF MONROE

OFFICE OF THE CHIEF BUILDING OFFICIAL
7 FAN HILL ROAD MONROE, CONNECTICUT 06468
PHONE : 203-452-5470 FAX : 203-261-6197

INFORMATION FORM ATTACH TO APPLICATION TO DEMOLISH

1. Name and address of structure to be demolished _____ Date : _____

2. Location and identification of property to be demolished _____

3. Age and type of structure to be demolished _____

4. Square footage of structure to be demolished _____

5. Name and address of owner _____ Phone number: _____

6. Name and address of firm undertaking the demolition, & License # _____ Phone number: _____

7. Reason for demolition _____ Date on which demolition will begin: _____

8. Names and addresses of all property owners abutting the property on which the building , structure(s) or part thereof to be demolished is located :

9. Attach a copy of a current Town of Monroe Assessor's map and card

10. Supply copies of the demolition contractor's license,

11. Insurance certificates,

12. Public utility disconnect conformations,

13. and copies of the certified mail receipts received from the abutting property owners

14. and the Historic District Commission, also include copy of Assessor's map, card & Picture

15. and Town Historian, , also include copy of Assessor's map, card & Picture

16. and the Monroe Historical Society, also include copy of Assessor's map, card & Picture

Applicant may ask for a waiver to the ONE HUNDRED AND EIGHTY (180) day delay from 14, 15 & 16 by letter to these agents.(PLEASE INCLUDE INTERIOR AND EXTERIOR PICTURES)

The undersigned owner or agent and demolition contractor agree to demolish the above described building or structure in accordance with the State of Connecticut General Statutes and the Ordinances of the Town of Monroe.

17. DEMOLITION NOTIFICATION FORM when applicable, shall be filed with the Connecticut Department of Public Health CT DPH Asbestos Program (860-509-7367)

www.dph.state.ct.us/BRS/Asbestos.asbestos_program.htm.

prior to the start of demolition as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3.with the report copied to the Town of Monroe Building Dept. & Trumbull Monroe Health District (203-452-5195)

Signature of Owner or Authorized Agent : _____

Signature of Demolition Contractor : _____

