

**TOWN OF BETHEL BUILDING DEPARTMENT**  
**1 SCHOOL STREET, BETHEL CT 06801**  
**203-794-8517 Phone 203-778-7518 Fax**  
**APPLICATION FOR DEMOLITION PERMIT**

<b>AGE OF STRUCTURE</b>	<b>SQ. FOOTAGE OF STRUCTURE</b>	<b>HOW MANY FAMILY</b>
<b>Required Departmental or Utility Approvals</b>		
Tax Assessor Valuation (Applicant to pull Field Card)	Tax Collector (Paper stating taxes are paid up to date)	
Electric Disconnect	Water/Sewer Dept. Disconnect	
Gas Disconnect	Cable Disconnect	
DEP Asbestos and/or Lead Remediation	Phone Disconnect	
DPH Demolition/Notification Form Provided to State and Copy Provided to Building Dept. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>To Be Filled Out By Applicant (Information Obtained from Field Card at Assessor's Office)</b>		Date
Lot Size	Prop. Location Street Address	
Map	Block	Lot
	Dev. Lot	Zone
Owner's Name As It Appears In Land Records		
<b>Owner/Applicant To Fill Out Below --Please Print or Type All Entries</b>		
Owner's Street Address		Date
Town	State	Zip Code
Area Code & Home Ph. No.	Work Ph. No.	Fax
Applicants Name If Not Owner		
Address	Town	State
		Zip
Phone No.	Work Phone	Fax
Contractor	Address	Phone
<b>Demolition Contractor License &amp; Insurance Copy Must Be Provided</b>		BUD # Call 1-800-922-4455
Estimated Value of Construction	Has Work Been Done Without A Permit?	
<b>Describe Work To Be Done Below</b>		
Is The Structure Within The 100 Year Flood Plain?		

Owner's Signature \_\_\_\_\_

Owner's Agent(s) Signature \_\_\_\_\_

Owner's Printed Name \_\_\_\_\_

Owner's Agent(s) Printed Name \_\_\_\_\_

**FEES**

Building	
State Building	
Dumpster	
<b>TOTAL</b>	

**CHECK APPROPRIATE LINE**

Septic \_\_\_\_\_ City Sewer \_\_\_\_\_  
 Well Water \_\_\_\_\_ City Water \_\_\_\_\_ Other Water \_\_\_\_\_