City of Milford, Connecticut

APPLICATION TO DEMOLISH

Permit # _____

Date Issued _____

Fee $ _____

Cost $ _____

The undersigned hereby applies for a permit to demolish a building according to the following details

ADDRESS OF PROPERTY _____

PRESENT USE OF PROPERTY _____ SIZE OF BUILDING _____

DISCONTINUANCE OF PUBLIC UTILITY SERVICES

Southern CT Gas Co. _____ Regional Water Auth. _____ AT&T _____

U.I. _____ City Sewer _____ Septic Tank _____

City Historian Approval _____ ☐ I waive ☐ I do not waive 90 Day Wait Period

* All provisions of any agency having jurisdiction governing the demolition of a structure shall be complied with, whether herein specified or not.

DEMOLITION CONTRACTOR _____ LICENSE NO _____

ADDRESS OF CONTRACTOR _____ EXPIRATION _____

TELEPHONE _____ CELL PHONE _____

OWNER OF PROPERTY _____

OWNERS ADDRESS _____

TELEPHONE _____ OWNERS SIGNATURE _____

DISPOSAL SITE _____

APPROVED BY _____ DATE _____

BUILDING OFFICIAL