



## CHESPROCOTT HEALTH DISTRICT

1247 HIGHLAND AVENUE • CHESHIRE • CONNECTICUT

PHONE (203) 272-2761 • FAX (203) 250-9412

[www.chesprocott.org](http://www.chesprocott.org)

**Maura A. Esposito RS, MPH, Director of Health**

### DEMOLITION PERMIT

Fee: \$150.00 (Payable to Chesprocott Health District)

Date: \_\_\_\_\_

**Residential:** \_\_\_\_\_ **Commercial/Industrial:** \_\_\_\_\_

**Building/Structure Address (Street & Town):** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Property Owner mailing address:** \_\_\_\_\_

**Property Owner phone:** \_\_\_\_\_ **Property Owner email:** \_\_\_\_\_

**Please provide description of demolition project:**

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**Demolition Contractor:**

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(Street, City, State, Zip Code)

**Telephone:** \_\_\_\_\_

(Include area code)

**Remarks:** \_\_\_\_\_

**Staff Review Only**

\_\_\_\_\_**APPROVED OR** \_\_\_\_\_**DENIED by (Sanitarian)** \_\_\_\_\_**Date** \_\_\_\_\_