

# ***City of Meriden***

Building Department  
142 East Main Street  
Meriden, CT 06450  
(203) 630-4091

## **DEMOLITION PERMIT INSTRUCTION SHEETS...**

### **All Demolition procedures shall follow the listed codes and statues below.**

1. 2021 IRC and 2021 IBC portion of the 2022 Connecticut State Building Code.
2. Connecticut General Statutes Chapter 541 Part IV.

### **The following procedures must be followed in order for the issuance of a Demolition Permit.**

**1. Application for Demolition Permit:** The application must be submitted to the building official with all required information (see attached forms), **NO** permit will be approved unless a valid demolition license and the appropriate insurance certificate indicating that the ***"City of Meriden and its agents shall be saved harmless from any claim or claims arising out of negligence of the applicant or their agents or employees in the course of the demolition process"*** (per section 29-406 of the CT General Statues).

**1A. Exemption;** Demolition of a Farm, Single family or outbuilding as described in Section 29-402 C

**2. Notice of Adjoining Property Owners;** Notice of the proposed demolition must be sent certified or registered mail to all adjoining property owners. The applicant may use a form letter provided by the City of Meriden Building Department that's included in this packet. The applicant shall provide the ***"returned receipt"*** with the adjoining property owners signature to the building department before a permit can be issued.

**3. Utility Disconnect Verification Letters:** The applicant must provide written verification from all applicable public utilities that their ***service has been disconnected***. This includes but not limited to electric, gas, water, phone, cable, sewer and propane.

**4. Meriden Public Works Release:** For any road work resulting from the building/driveway demolition or from the disconnecting of water, sewer, gas, phone, a release letter may be required from Meriden Public Works Dept.

**5. Application Fee:** The permit fee is based upon the contracted cost of demolition which includes ALL cost associated with the demolition including but not limited to: utility removals, dumpsters, abatement cost, contractor fees etc. The cost for a demolition permit is **\$25.00** for first thousand and **\$14.00** for each additional thousand.

**6. Asbestos/Lead Testing:** All proposed demolitions shall supply a building survey indicating levels and locations of any hazardous materials that were found. This survey shall include a corrective plan followed up by a final abatement notice. Please indicate if a building will be taken down **"HOT"**.

**City of Meriden  
Building Department**

**Application for Demolition Permits...**

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

Location of Property: \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Demolition Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Contractor: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*Provide a copy to Building Department*

Type of Structure to be demolished: \_\_\_\_\_

Estimated cost of demolition: \_\_\_\_\_

*Complete cost of all labor, dumpsters, utilities etc.*

Office use only <input type="checkbox"/>	Historic: Yes <input type="checkbox"/> No <input type="checkbox"/>	Permit Fees: _____
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**Adjoining property owners to be notified by certified or registered mail.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature*

Demolition Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature*

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature*

Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature*

Dept. of Public Utilities: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature*

**City of Meriden  
Building Department**

**Notice to Adjoining Property Owners  
Demolition Notice...**

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

Send to: \_\_\_\_\_ Certified Mail: \_\_\_\_\_ Registered Mail: \_\_\_\_\_

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

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

\_\_\_\_\_  
*City, State and Zip Code:*

In accordance with the provisions of Section 29-253 and Section 29-407 of the Connecticut General Statutes and the City Of Meriden's code of ordinances, Demolition of Buildings, a Notice of intent to demolish a building has been filed with the Meriden Building Department on this day. \_\_\_\_\_  
*Date:*

This notice was filed by:

Applicant: \_\_\_\_\_

Owner: \_\_\_\_\_

Address of building to be demolished is: \_\_\_\_\_

Type of building to be demolished: \_\_\_\_\_

This application is on file at the building department, City of Meriden, 142 East Main Street, Meriden CT 06450 and is available for review, M-F 8 am to 5 pm. (203) 630-4091.

## Demolition Checklist

***The following list is not all-inclusive, but only to be used as a guide for all demolition permit applications. The application for demolition permit shall comply with Chapter 541 of the Connecticut General Statutes. The following shall be submitted with all demolition permit applications.***

- A. Completed demolition permit application with all information filled in.
- B. The demolition permit application shall be signed by both the building owner of record and the Connecticut licensed demolition contractor.
- C. A copy of the demolition license issued (if required) by the Office of the CT State Fire Marshal.
- D. A certificate of insurance meeting or exceeding the minimum requirements of CT State Statute for licensed demolition contractors with the ***City of Meriden Building Department located at 142 East Main Street, Meriden, CT 06450 as the certificate holder.*** Said certificate shall be emailed or delivered to the building official when applying for a demolition permit.
- E. A signed hold harmless document in accordance with September 24, 2014 letter from CT State Building Inspectors office.
- F. Letters of disconnect from utilities.
- G. Postal receipts from certified letters from all abutting property owners informing them of when and where the demolition will occur. Include a sample letter, if not using attached notice.
- H. Hazardous materials survey report for the building to be demolished identifying any lead, asbestos, or other hazardous materials.
- I. Copy of letters to or from state agencies to commence with abatement process.
- J. A letter of final survey analysis indicating that the building is free from any hazardous materials.
- K. Described on the application all safety precautions that will be in place during demolition.
- L. A preliminary site inspection may be required.
- M. Call for inspection when the building is removed and the foundation backfilled.
- N. Building posted (Scheduled for Demo) prior to or at the same time letters are sent. Expiration when letters are all returned. In the event of missing letters this office may waive the time of the building posting to allow demolition. Provide pictures and contact this office for inspection.

**Hold Harmless Affidavit**

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

Company Address: \_\_\_\_\_

Company Contact Person: \_\_\_\_\_

Company Owner: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Company Email: \_\_\_\_\_

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

In accordance with Connecticut General Statute 29-406, we \_\_\_\_\_

hereby agree to save harmless the City of Meriden and its agents from any claim or claims arising out of negligence of the applicant or his agents or employees in the course of the demolition operations associated with: \_\_\_\_\_

\_\_\_\_\_

(Property Address)

\_\_\_\_\_

Contractors Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Building Department Witness

\_\_\_\_\_

Date

(8/27/2021)

**Removal of Service  
Building Demolition or Construction**



As the owner of this property, I am requesting the removal of the existing Eversource electric service and meter(s) to allow for the demolition/construction of the building in accordance with all applicable Connecticut General Statutes. I certify that the building is vacant. *(To Avoid Delays Please Complete All Information On This Form)*

I CERTIFY THAT THE BUILDING IS VACANT AND SERVICE CAN BE REMOVED AS OF (DATE OF REMOVAL)		WORK REQUEST NUMBER	
STREET ADDRESS WHERE ELECTRIC SERVICE IS TO BE REMOVED		NEAREST CROSS STREET	
TOWN	STATE	ZIP CODE	SERVICE POLE NUMBER

ACCOUNT NUMBER(S)	
METER NUMBER(S)	METER LOCATION <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE
THE REASON FOR THIS REQUEST? <input type="checkbox"/> DEMOLITION      SPECIAL INSTRUCTIONS _____ <input type="checkbox"/> CONSTRUCTION      _____ _____	

TYPE OF SERVICE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OVERHEAD <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> UNDERGROUND	
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REMOVAL OF STREET, FLOOD, AREA LIGHTING / UNMETERED EQUIPMENT REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, TYPE OF EQUIPMENT _____ ACCOUNT NUMBER _____
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PROPERTY OWNER NAME	PRINT NAME	APPLY SIGNATURE
MAILING ADDRESS		
TOWN	STATE	ZIP CODE
TELEPHONE NUMBER OF PROPERTY OWNER (    )	FAX NUMBER (    )	EMAIL NOTIFICATION ADDRESS
ADDITIONAL EMAIL NOTIFICATION ADDRESSES (ADD UP TO TWO)		

\_\_\_\_\_  
NOTARY PUBLIC      DATE NOTARIZED  
*Not required for single-family, owner-occupied dwellings.*

<b>- EVERSOURCE INTERNAL USE ONLY -</b>		
Date service removed: _____ This confirms the removal of Eversource electric service for the address indicated above.		
PRINT NAME OF EVERSOURCE REPRESENTATIVE	SIGNATURE OF EVERSOURCE REPRESENTATIVE	DATE

**U.S. Postal:**  
Mail To: Electric Service Support Center  
Eversource  
P.O. Box 2985  
Hartford, CT 06104-2985

**Overnight Express:**  
Mail To: Electric Service Support Center  
Eversource  
107 Selden Street  
Berlin, CT 06037

Fax: 1-877-285-4448      Phone: 1-888-544-4826      Email: [ctnewservice@eversource.com](mailto:ctnewservice@eversource.com)

### Removal of Eversource Service for Building Demolition

As owner of this property, I am requesting the removal of the existing Eversource service and meter(s) to allow for the demolition of the building in accordance with all applicable Connecticut General Statutes. I hereby certify the building is vacant.

Street Address Where Gas Service is to be Removed		Nearest Cross Street	
City/Town		State	Zip Code
Account Number			
Meter Number(s)			
Comments			
Property Owner's Name (please print)		Property Owner's Signature	
Mailing Address	Phone Number ( )	Fax Number ( )	
City/Town	State	Zip Code	
Name of Demolition Company:			
Contact Person:		Contact Phone Number: ( )	
NOTARY PUBLIC:			
Notary Public		Date Notarized	
--INTERNAL USE ONLY--			
Data faxed in AWC: _____ (MM-DD-YY)		Date service removed: _____ (MM-DD-YY)	
Eversource Representative's Name	Eversource Representative's Signature	Date	

**IMPORTANT:** To avoid delays, complete all information and mail original form back to one of the addresses below. No faxes and/or photocopies will be accepted. If you have any questions, please call the Eversource Customer Service Center at 1-800-286-6000.

#### MAILING ADDRESSES:

Regular Mail:

Customer Billing Services  
Eversource  
1006 Blue Hills Ave. Extension  
Windsor, CT 06095

Overnight Express:

Customer Billing Services  
Eversource  
1005 Blue Hills Ave. Extension  
Windsor, CT 06096