Town of New Hartford
BUILDING DEPARTMENT
NEW HARTFORD, CONNECTICUT 06057

DEMOlITION CHECK LIST

☑ Certificate of Registration or Owner's signature
☑ Certificate of Insurance
☑ Notice from all public utilities having service connections.
☑ Signatures of Owner & Contractor
☑ Notice to adjoining property owners
☑ Safety measures reviewed
☑ Sidewalk shed requirements reviewed
☑ Disposal of accumulated materials reviewed
☑ Basement and cellar fill requirements
☑ Assessment adjustment form
☑ Inform Police when work is scheduled to start
☑ OPTIONAL-Confirm location of existing structure if it is non-conforming

Phone: (860) 379-8830
530 Main Street, P.O. Box 316, New Hartford, CT 06057
Town of New Hartford  
NEW HARTFORD, CONNECTICUT 06057  

Permission is hereby granted for the demolition of the structure located at  
__________________________________________ in the Town of New Hartford,  
Connecticut. This permit is granted upon receipt from the demolition contractor of proof of its  
financial responsibility, notification to abutting property owners, public utilities, and licensure, as  
required by Section 29-401 thru 29-415 of the Connecticut General Statutes. The permit is  
conditioned upon the subscription of the demolition contractor and owner to the following  
statement of intent.  

We, respectively the owner of the structure  
described above and the contractor retained  
to demolish that structure, hereby declare  
our intention to comply with the State Demolition  

__________________________________________  
Owner  

_________________________  
Permit #  

Demolition Contractor  

Granted this ______ day of _________________. ____  

Fee Due $25.00  

Demolition Officer
ADJUSTED ASSESSMENT - REMOVAL OF DAMAGED BUILDING

PROPERTY LOCATION

OWNER

MAILING ADDRESS

I hereby request the Building Inspector to certify that the damaged building at the above noted site has been demolished and removed, and that the site has been cleared and graded. I UNDERSTAND THAT I AM RESPONSIBLE TO NOTIFY THE BUILDING INSPECTOR WHEN THE SITE IS COMPLETELY CLEARED AND GRADED.

APPLICANT ______________________________ DATE ______________________________

(FOR BUILDING INSPECTOR ONLY)

Pursuant to Section 12-64a of the General Statutes of the State of Connecticut, I hereby certify that the building formerly on the above noted site was so damaged as to require total reconstruction and that its removal was to be encouraged. I further certify that the building on the above noted site was demolished and removed, and the site was cleared and graded as of

BUILDING INSPECTOR ______________________________ DATE ______________________________

(FOR ASSESSOR ONLY)

Pursuant to Section 12-64a, I have made the following assessment adjustment:

Grand List Date __________________________ List # __________________________

Name __________________________________________

Property Address __________________________________________

Date Certified by Building Inspector __________________________

Pro-Rate Factor __________________________________________

Original Building Assessment __________________________

________________________ (Assessment) x ____________ (Factor) = ____________ (Adjustment)

Therefore, ____________ is the adjusted building assessment amount which will be deducted by the Tax Collector from the above noted account for the bills which are due and payable as of July 1, ____________.

ASSESSOR ______________________________ DATE ______________________________

cc: Building Inspector
    Assessor
    Tax Collector