



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

DEMOLITION NOTIFICATION FORM

state use only
Postmark Date
Check #
Transmittal No.
Record No.

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of demolition, as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of twenty-five (\$25) dollars. A check in that amount made payable to "Treasurer, State of Connecticut" must be submitted with the notification form. In case of an emergency notification, this form is to be completed and postmarked or hand delivered within one (1) working day following the start of demolition. A copy of the written order requiring demolition prepared by a state or local building official shall accompany each emergency demolition notification. Faxed originals are not acceptable. Revisions to the original notification form may be faxed. Further instructions are found on back of this form.

I. TYPE OF NOTIFICATION
A. NEW [] B. EMERGENCY [] C. REVISED [] ITEMS REVISED:

2. FACILITY OWNER
NAME:
ADDRESS:
CITY: STATE:
ZIP: PHONE NO.:

3. LOCATION OF FACILITY TO BE DEMOLISHED
NAME:
ADDRESS:
CITY: STATE:
ZIP: PHONE NO.:



Phone: (860) 509-7367/ Fax (860) 509-7378
Telephone Device for the Deaf: (860) 509- 7191
410 Capitol Avenue, MS# 51 AIR
P.O. Box 340308
Hartford, CT 06134-0308
Affirmative Action / An Equal Opportunity Employer

4.

INSPECTION INFORMATION:

NAME OF INSPECTOR:

LICENSE #:

DATE OF INSPECTION:

INSPECTOR ADDRESS:

CITY:

STATE:

ZIP:

PHONE NO.:

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES NO

In accordance with *Section 61.145* of the U.S. Environmental Protection Agency's National Emission Standards for Hazardous Air Pollutants (NESHAPs) regulation, the owner or operator of a facility shall, prior to the commencement of renovation or demolition, inspect the affected portions of the facility for asbestos, including Category I and Category II nonfriable asbestos.

5(A.)	DEMOLITION START DATE:	<i>MONTH/DAY/YEAR</i>	5(B.)	DEMOLITION COMPLETION DATE:	<i>MONTH/DAY/YEAR</i>
--------------	-----------------------------------	-----------------------	--------------	--	-----------------------

6. USE OF FACILITY									
A. SCHOOL (K-12)	<input type="checkbox"/>	B. PUBLIC BUILDING	<input type="checkbox"/>	C. MANUFACTURING	<input type="checkbox"/>	D. OFFICE	<input type="checkbox"/>	E. COLLEGE	<input type="checkbox"/>
F. COMMERCIAL	<input type="checkbox"/>	G. CHURCH/SYNAGOGUE	<input type="checkbox"/>	H. RESIDENTIAL, # OF DWELLINGS			I. OTHER		<input type="checkbox"/>
(I. SPECIFY)									

7. BUILDING DATA	SQUARE FEET:		# OF FLOORS:		AGE:	
-------------------------	--------------	--	--------------	--	------	--

8. DEMOLITION CONTRACTOR				
NAME:			CONTACT PERSON:	
ADDRESS:				
CITY:			STATE:	
ZIP:			PHONE NO.:	

9. DEMOLITION DISPOSAL FACILITY				
NAME:				
ADDRESS:				
CITY:			STATE:	
ZIP:			PHONE NO.:	

10. DEMOLITION WASTE HAULER				
NAME:				
ADDRESS:				
CITY:			STATE:	
ZIP:			PHONE NO.:	

SIGNATURE OF PERSON COMPLETING THIS FORM	
TITLE	

The submission of the Notification of Demolition Form is not required provided that an Asbestos Abatement Notification Form was previously submitted to the Department of Public Health involving abatement related to the demolition of the facility. In that case, the Asbestos Abatement Notification Form submitted to the agency satisfied the notification requirement for demolition of the facility. In all cases of demolition, one and only one form (Notification of Demolition Form or Asbestos Abatement Notification Form, as applicable) shall be sufficient to satisfy the Department of Public Health notification requirements detailed in Section 19a-332a-3 of the RCSA.

MAIL COMPLETED FORM TO:

**DEPARTMENT OF PUBLIC HEALTH - EHS
410 CAPITOL AVE, MS# 51 AIR
PO BOX 340308
HARTFORD, CT 06134-0308**