



CHESPROCOTT HEALTH DISTRICT
1220 WATERBURY ROAD • CHESHIRE • CONNECTICUT
PHONE (203) 272-2761 • FAX (203) 250-9412
www.chesprocott.org

APPLICATION FOR DEMOLITION PERMIT

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:

Provide details of what will occur with existing well and septic system:

Demolition Contractor:

Company Name: _____

Address: _____
(Street, City, State, Zip Code)

Telephone: _____
(Include area code)

Remarks: _____

Staff Review Only

_____**APPROVED OR** _____**DENIED by (Sanitarian)** _____**Date** _____

Fee Paid _____