CITY OF BRIDGEPORT, BUILDING DEPARTMENT

APPLICATION TO DEMOLISH

Permit No.	Date		
Receipt No.	Value of Work $	Fee	
Progress of Demolition			
Hydrant No.	Building Official		
Location			
Owners Name			
Owner Address	City/Town	State:	Zip:
Telephone (	Email:		
Contractor			
Contractor's Address	City/Town	State:	Zip:
Telephone	Email:		

Email / Mail Permit to ☐ Owner ☐ Contractor

The undersigned hereby applies for a permit to demolish a building according to the following details:

1. Location		☐ Main ☐ Accessory building
2. Between what streets		
3. What used for at present (if vacant, give use for which building was designed)		
4. Building constructed of what materials		
5. Number of stories:	Size	Units
6. Work will be started on above		
7. Are any Public Utility services connected to this building	■ Yes	☐ No

8. If yes, discontinuance of services approved by:
   - ☐ SCG co.
   - ☐ S. N. E Tel. co.
   - ☐ Cable TV co.
   - ☐ Bpt. Hydraulic Co
   - ☐ United Illuminating Co.

9. Location of Dump Site

Make adequate provision for capping off storm or sanitary sewer piping

The undersigned owner or agent and demolition contractor agree to demolish the above described Building or structure in accordance with Connecticut General Statutes and the Ordinances of the City of Bridgeport.

HOLD HARMLESS/RELEASE

City of Bridgeport and Bridgeport Building Department require that permittee shall indemnify and hold-harmless 'City/Department", its employees and agents and release both from any and all claims on actions brought by third parties for injuries or damages of property in connection with granting of this permit and work to be performed there under. Permittee will be required to insure against such claims in amounts appropriate to meet such obligation. City Department shall have the right to review and specify such amount and scope of coverage as it may deem appropriate for activities conducted under this permit.

Bridgeport Public Works Dept.

Signature of Owner
or Authorized Agent _____

Signature of Demolition
Contractor _____