



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
**DEMOLITION NOTIFICATION FORM**

STATE USE ONLY

Postmark Date	_____
Check #	_____
Trans. No	_____
Amount Paid	_____
Record No.	_____

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health (DPH) at least ten days prior to the start of demolition as required by the Regulations of CT State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of fifty (\$50) dollars, payable by check or money order to "Treasurer, State of CT". For facilities that are regulated by the US EPA under the authority of the federal asbestos National Emissions Standard for Hazardous Air Pollutants (NESHAP), please review the guidance document issued by EPA Region 1, regarding emergency renovations and demolitions. Additional instructions are found on the back page of this form.

**1. NOTIFICATION TYPE**

NEW                      EMERGENCY                      REVISED,                      ITEMS REVISED:

**2. FACILITY OWNER:**

NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**3. LOCATION OF FACILITY TO BE DEMOLISHED:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ CT ZIP: \_\_\_\_\_ PHONE/CONTACT: \_\_\_\_\_

**4. INSPECTION INFORMATION:**

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES ..... NO                      DATE OF INSPECTION: \_\_\_\_\_

INSPECTOR NAME : \_\_\_\_\_ LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

**5(A.) DEMOLITION START DATE:** \_\_\_\_\_ **REVISED START** \_\_\_\_\_

**5(B.) COMPLETION DATE** \_\_\_\_\_ **REVISED END** \_\_\_\_\_

**6. USE OF FACILITY:**

A. SCHOOL (K-12)      B. PUBLIC BUILDING      C. MANUFACTURING      D. OFFICE      E. COLLEGE

F. COMMERCIAL      G. RELIGIOUS INSTITUTION      H. RESIDENTIAL      # OF DWELLINGS \_\_\_\_\_

I. OTHER      (I. SPECIFY) \_\_\_\_\_



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