



# TOWN OF ROXBURY CONNECTICUT

Building Department  
Tuesday – Friday 8 AM – 1 PM  
Phone Number – (860) 355-2948

29 North Street • P.O. Box 203 • Roxbury, CT 06783-0203

## PROCEDURE FOR OBTAINING A DEMOLITION PERMIT (Residential one and two family only including accessory structures)

APPLICANT INSTRUCTIONS: Print or type all parts of this form.

Historic District: *Yes No* Flood Plain: *Yes No*

Is Property in Historic Survey Book: *Yes No* \$50 Surcharge Applies: *Yes No*

<b>PROPERTY ADDRESS:</b> _____ <b>LOT #:</b> _____ <b>OWNER OF RECORD:</b> _____ Mailing Address: _____ Phone Number (_____) _____ Fax Number (_____) _____ e-mail _____
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<b>APPLICANT</b> (If different from owner): _____ Mailing Address: _____ Phone Number (_____) _____ Fax Number (_____) _____ e-mail _____
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*I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to: State Demo code Sec. 29-401 thru 29-415 Ct. Gen Statutes and Article IV Sec 3-100 thru 3-106 Roxbury Town Ordinance.*

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

<b>OFFICE ONLY</b>	
Date	
Plans	



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**Demo Contractor / Owner:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

License #: \_\_\_\_\_

\*\*\*\* Estimated Construction Cost \$ \_\_\_\_\_ Date: \_\_\_\_\_

**\$50.00 Surcharge Applies**                      *Yes*    *No*

Circle where Applicable:

DEMOLITION	Home	Garage	Barn	Shed	Deck	Pool
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APPLICATION INFORMATION	
# STORIES	
TOTAL BUILDING AREA	
BUILDING HEIGHT ABOVE GRADE	

ALL ADJOINING PROPERTY OWNERS	
Name	Address