

Demolition Permit Application

Date

Address/Location of Structure to be Demolished:

Proposed Date of Demolition: _____

Type of Building/Structure to be Demolished: _____

Name, Address, and Phone Number of Company Performing Demolition:

Does the demolition contractor have an Affidavit of Insurance Liability on file with the City of Bloomfield?

☐ Yes ☐ No

If no, submit an Affidavit of Insurance Liability to the City prior to starting demolition.

Site of Debris Deposit Name and Address:

Name of Property Owner: _____

Address of Property Owner: _____

Phone Number of Property Owner: _____

Zone Location: _____ Fee: _____ Date Fee Paid: _____

I hereby certify that all utility services for the structure located at the above address have been properly disconnected and meters and/or service removed for the purpose of demolition of the stated building.

Owner's Signature: _____

Applicant's Signature: _____ Date: _____

Special Conditions: _____

☐ Approved ☐ Denied

Director of Public Works

UTILITY SIGN-OFF

Authorized Signature: City of Bloomfield Electrical Division Date

Authorized Signature: City of Bloomfield Gas Division Date

Authorized Signature: City of Bloomfield Sewer Division Date

Authorized Signature: City of Bloomfield Water Division Date

Authorized Signature: Mediacom Cable Television Date

Authorized Signature: Citizens Mutual Telephone Date