



CITY OF STAMFORD
BUILDING INSPECTION BUREAU

888 Washington Blvd.
 Stamford, CT. 06901, 7th Floor
 P: 203-977-5700
 F: 203-977-4163

DEMOLITION PERMIT AFFIDAVIT

STATE OF CONNECTICUT)
)
 COUNTY OF FAIRFIELD) ss: Stamford this day of 20____

I, the undersigned, being duly sworn, hereby make affidavit and say:

- I am the agent of the Owner - Lessee of the building or structure - Licensed Engineer -- Architect - employed in connection with the proposed work -- all set forth in the Application for Building Permit.
- The proposed work is authorized by the owner - in fee and the undersigned is authorized by the owner - in fee to make the Application for Building Permit.

_____)
 Personally appeared _____)
 who made oath to the truth of the foregoing before me.

 Notary Public
 My Commission expires: _____

(For Office Use Only)

DEMOLITION PERMIT

645 DEMOLITION

1-Family 2-Family
 3-Family 4-Family
 Multi-Family Units
 Other

Text

Text Field
 Text Field
 Text Field
 Date/Time Field

City of Stamford, Connecticut
 Building Division

Application to Demolish

Location
 Owner
 Address
 City
 State Zip Code
 Contractor
 Address
 City
 State Zip Code
 Zone

 Building Official