

# TOWN OF BRISTOL

## DEMOLITION PERMIT

Property Located At:	Permit Issued Date:	Permit Number:
Owner Name:	Owner Mailing Address:	

### CONTRACTOR

Contractor Name:	License Holder Number:
Contractor Mailing Address:	Phone:  Fax:

This permit is issued for execution of the work indicated. It is hereby agreed that all work will be performed in accordance with the Town of Bristol Ordinances and Department rules relating to such work.

TYPE OF BUILDING:

PROJECT DESCRIPTION:

NATURE OF JOB:

DESTINATION OF MATERIALS:

ASBESTOS: (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

**Contact the DNR a minimum of 10 days prior to starting work. COMPLIANCE STATEMENT from ASBESTOS INSPECTION REQUIRED for PERMIT ISSUANCE.**

**Contact ALL utilities at least 1 Week prior to demolition to disconnect the utilities.**

Date contacted Alliant Energy (electric and gas)  
Date contacted cable company  
Date contacted phone company (Verizon or Charter)  
Date contacted (Other)

**Contact the Town of Bristol's Fire and Building Inspector to inform them of raze.**

Date contacted Fire Department – Steve Knaus  
Date contacted Building Inspector (837-3371)

Signature of Responsible Party

Date