



City of Middletown

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Director of Health

DEPARTMENT OF HEALTH
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DEMOLITION

Address: _____ Owner: _____
_____ Residential _____ Commercial _____ Other
Demolition Contractor: _____ Phone: _____
Contractor License Number: _____

Environmental Assessment:

_____ State of Connecticut: (Check off as applicable)
_____ Abatement Notification Form
_____ Demolition Notification Form
_____ Alternative Work Practice Approval Letter

_____ Asbestos Assessment Report
_____ Asbestos Plan of Abatement
_____ Asbestos Disposal Manifest

_____ Lead Based Paint Assessment Report
_____ Lead Based Paint Plan of Abatement
_____ Lead Based Paint Manifest
_____ TCLP Clearance

_____ Petroleum Products...Underground Oil Tanks...Removed

_____ Letter Of Site Visit And Treatment From Licensed Pest Control Operator

_____ Well Abandonment _____ Septic Abandonment

Dust control method to be used: _____

Approval

Date: ____ / ____ / ____ _____
Health Department Staff Signature and Title