MEMORANDUM

To: William Marr, Building Official

From: __________________________________

Date: ________________________________

Property: __________________________________

DEMOLITION APPROVAL (Check all that Apply)

☐ The Greenwich Health Department has approved septic system plans for a new dwelling at the above address.

☐ No septic system plans have been approved by this department for a new dwelling at the above address. It is understood that with the demolition of the existing dwelling the property will be considered a new lot requiring a primary and reserve septic system. Since septic plans have not been approved, the Department of Health cannot certify what size septic system the property can support. Demolition of the existing dwelling will be at the owner’s own risk

Owner’s Name (Print): ________________________________________________________________

Owner’s Signature: ______________________________________________________ Date:_____________

☐ The new dwelling at the above address will be connected to the Town of Greenwich sanitary sewer system. Greenwich Health Department approval is not applicable.

☐ Asbestos Abatement is required. The Greenwich Health Department has been notified by the State of CT Department of Public Health that the Asbestos Abatement Notification Form has been filed.

☐ Asbestos Abatement is not required as per the State of CT Department of Public Health regulations. The Greenwich Health Department has been notified by the State of CT Department of Public Health that the Demolition / Notification Form has been filed.