



DEPARTMENT OF ADMINISTRATIVE SERVICES
DIVISION OF CONSTRUCTION SERVICES
OFFICE OF STATE FIRE MARSHAL

APPLICATION FOR DEMOLITION CONTRACTOR LICENSE

A Class A License is required for the demolition of any structure or portion thereof greater than two and one-half stories or 35 feet in height. **Application fee is \$940.00.**

A Class B License is required for the demolition of any structure or portion thereof equal to or less than two and one-half stories or 35 feet in height. **Application fee is \$440.00.**

Please note that a license is not required for:

- the disassembling, transportation and reconstruction of historic buildings for historic purposes;
- the demolish of farm buildings;
- the renovation, alteration or reconstruction of a single-family residence;
- the removal of underground petroleum storage tanks;
- the burning of a building or structure as part of an organized fire department training exercise;
- the demolition of a single-family residence or outbuilding by an owner of such structure provided it does not exceed a height of thirty feet.

INSTRUCTIONS

1. Print or type all items except signature
2. Enclose a resume for the Designated Technical Expert detailing his/her required experience and/or training:
Class A License ~ Five (5) years supervisory experience in the field of demolition of structures greater than two and one-half stories or 35 feet in height.
Class B License ~ Three (3) years supervisory experience in the field of demolition of structures equal to or less than two and one-half stories or 35 feet in height.
3. Evidence of Financial responsibility to engage in the business of demolition
4. Return with the appropriate Application fee payable to "**Treasurer, State of Connecticut**" to:

**OSFM Demolition Unit
450 Columbus Boulevard ~ Suite 1304
Hartford CT 06103**

5. Questions can be directed to 860-713-5750.

Revised 3-31-2017

APPLICATION FOR CONNECTICUT DEMOLITION CONTRACTOR LICENSE

Name of Applicant / Business Name: _____

Street Address: _____

Mailing Address if different from above: _____

City/Town: _____ State: _____ Zip: _____

Telephone Number: _____

For Licensing Purposes:

Owner's Social Security Number: _____

or

Owner's Federal Employer's Identification Number _____

Type of Ownership:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietor
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Is your company registered with the Connecticut Secretary of State? Yes No

Designated Technical Expert:

Name: _____

Address: _____ State: _____ Zip: _____

Date of Birth: _____ SSN: _____

If a Corporation or Partnership, is the Designated Technical Expert an:

Active Officer or Partner

Full-time Employee

ATTACH RESUME OF EXPERIENCE AND TRAINING FOR DESIGNATED TECHNICAL EXPERT

I certify this application has been made without false statements.

Signature and Title of Applicant: _____

Date: _____