



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

DEMOLITION NOTIFICATION FORM

FOR STATE USE ONLY
Postmark Date: 10/2/19
Check #: 19299
Transmittal No.: 20-211
Amount Paid: \$ 50.00
Record No.:

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of demolition as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of FIFTY (\$50) dollars.

1. TYPE OF NOTIFICATION:

A. X NEW B. EMERGENCY C. REVISED ITEMS REVISED:

2. FACILITY OWNER:

NAME: Jeff McCue
ADDRESS: 44 Kelly Road
CITY: Middlebury STATE: CT
ZIP: PHONE NO.:

3. LOCATION OF FACILITY TO BE DEMOLISHED:

NAME: Vacant House
ADDRESS: 44 Kelly Road
CITY: Middlebury STATE: CT
ZIP: PHONE NO.:

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES X NO

4. INSPECTION INFORMATION: NAME OF INSPECTOR: AMC Environmental

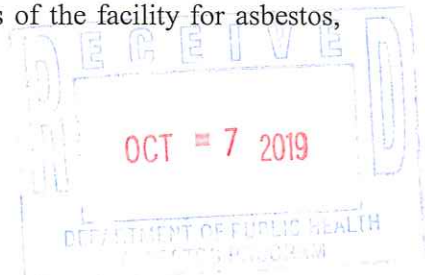
LICENSE #: DATE OF INSPECTION: August 18, 2019
INSPECTOR ADDRESS: PO Box 423 CITY: Stratford
STATE: CT ZIP: 06615 PHONE NO.: 203-378-5020

(Inspection information applicable to facilities subject to the asbestos NESHAP, 40 C.F.R., Part 61)

In accordance with Section 61.145 of the U.S. Environmental Protection Agency's National Emission Standards for Hazardous Air Pollutants (NESHAPs) regulation, the owner or operator of a facility shall, prior to the commencement of renovation or demolition, inspect the affected portions of the facility for asbestos, including Category I and Category II nonfriable asbestos.



Phone: (860) 509-7367/ Fax (860) 509-7378
Telephone Device for the Deaf: (860) 509- 7191
410 Capitol Avenue, MS# 51 AIR
P.O. Box 340308
Hartford, CT 06134-0308
Affirmative Action / An Equal Opportunity Employer



5(A.)	DEMOLITION START DATE:	10/14/2019	5(B.)	DEMOLITION COMPLETION DATE:	10/25/2019
6. USE OF FACILITY:					
A. SCHOOL (K-12)		B. PUBLIC BUILDING		C. MANUFACTURING	
D. OFFICE		E. COLLEGE		F. COMMERCIAL	
G. CHURCH/SYNAGOGUE		H. RESIDENTIAL, # OF DWELLINGS		X I. OTHER	
(I. SPECIFY)					
7. BUILDING DATA:					
SQUARE FEET:	1300	# OF FLOORS:	2	AGE:	1930
8. DEMOLITION CONTRACTOR:					
NAME:	Cherry Hill Construction		CONTACT PERSON:	Mark Graham	
ADDRESS:	51 Ciro Road				
CITY:	North Branford		STATE:	CT	
ZIP:	06471	PHONE NO.:	203-488-7929		
9. DEMOLITION DISPOSAL FACILITY:					
NAME:	Ciro Transfer Facility				
ADDRESS:	51 Ciro Road				
CITY:	North Branford		STATE:	CT	
ZIP:	06471	PHONE NO.:	203-488-7929		
10. DEMOLITION WASTE HAULER:					
NAME:	Cherry Hill Construction				
ADDRESS:	51 Ciro Road				
CITY:	North Branford		STATE:	CT	
ZIP:	06471	PHONE NO.:	203-488-7929		
11. PERSON COMPLETING THIS FORM:					
NAME:	Mark Graham				
ADDRESS:	51 Ciro Road				
CITY:	North Branford		STATE:	CT	
ZIP:	06471	PHONE NO.:	203-488-7929		
SIGNATURE	MARK GRAHAM			DATE:	10/2/2019

The submission of the **Notification of Demolition Form** is not required provided that an **Asbestos Abatement Notification Form** was previously submitted to the Department of Public Health involving abatement related to the demolition of the facility. In that case, the **Asbestos Abatement Notification Form** submitted to the agency satisfied the notification requirement for demolition of the facility. In all cases of demolition, one and only one form (**Notification of Demolition Form** or **Asbestos Abatement Notification Form**, as applicable) shall be sufficient to satisfy the Department of Public Health notification requirements detailed in Section 19a-332a-3 of the RCSA.