



Westport Weston
Health District

Application Fee.....\$30.00
Fee is Non-Refundable

Demolition Environmental Review Application

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE NUMBER: _____

PROJECT LOCATION: _____

- Environmental Consultant site assessment Report
- Environmental Consultant work confirmation Letter
- Environmental Consultant Final Clearance Letter
- EPA Waste Shipment Record

State of Connecticut DPH Asbestos Abatement Notification form

- Asbestos Abatement Form (more than 10 linear feet or more than 25 sq ft of ABM)
- Demolition Notification Form (No ABM or less than 10 LF or 25 sq ft)
- Alternative Work Practice Approval from CT-DPH

WWHD letter of approval issued on _____

Reviewed and approved by _____ Date _____
Name and Title