



**Robert Dillon**  
Building Official

**CITY OF NEW HAVEN**  
*Justin Elicker, Mayor*  
**BUILDING DEPARTMENT**  
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**Michael Piscitelli**  
*Economic Development*  
Administrator

## Contractor Removal Application

Applicant Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**\*Note if you are acting as agent for the owner, you need a letter from that party stating you are authorized to remove the contractor on record.**

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contractor of record: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Location: \_\_\_\_\_ Permit #: \_\_\_\_\_ - \_\_\_\_\_

**CERTIFICATION:** I hereby certify that:  I am the owner on record of the named property or  that the proposed work is authorized by the owner on record, and I/we agree to conform to all applicable laws, regulations, and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Signature of Owner/Contractor: \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of the Notary public: \_\_\_\_\_

**Note:** If you are going to replace contractor on record with a new contractor. *You must bring a copy of the new contractor's state-issued contractor license* along with a **signed original letter** from them giving you permission to use their license on the permit before any work begins or inspections requested.

### New Contractor Information

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Conn State License (Type & Number): \_\_\_\_\_ **\*Copy must be attached**

### For Official Use Only

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved

Denied

Building Official: \_\_\_\_\_

Contractor Removal letters will be emailed to the applicant and new contractor