



Robert Walsh
Acting Building Official

CITY OF NEW HAVEN
Justin Elicker, Mayor
BUILDING DEPARTMENT
200 Orange Street, 5th Floor
New Haven, CT 06510
Phone: (203) 946-8045 Fax: (203) 946-8049
www.newhavenct.gov



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