

VERNON-CT.GOV



ON THE MOVE

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Town Assessor
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8 Park Place
Vernon, CT 06066
Tel: (860) 870-3625 • Fax: (860) 870-3586

Date of Application _____

Address _____

Parcel ID _____

Year Dwelling Built _____

Current Owner's Name _____

Foundation Cracks? Yes No

Foundation Crumbling? Yes No

Is the basement finished? Yes No

Can all interior foundation walls be viewed? Yes No

Do you have a licensed Engineers Report? Yes No

What is your supporting documentation? _____

Are you currently living in this residence? Yes No

Has the Building Official condemned the structure? Yes No

Has your Insurance Company inspected the dwelling? Yes No

Did they provide you with a report? Yes No

Have you secured written estimates for the cost to cure from a licensed professional? Yes No

What is the written estimate Cost to Cure the foundation problem? _____

Will you allow town officials to inspect the interior of the property? Yes No

Do you know who the original builder of the property is? Yes: _____ No

List the names and phone numbers of professionals you've contacted _____

Your phone # and/or email address _____

Signature of Applicant _____

Please provide any documents (Insurance & Engineer Report Estimates) with this application.