



PERMIT # _____

DEMOLITION PERMIT APPLICATION

Submit Applications to: Permits@rumrivercc.com Scheduling: 763-331-7722

NOTICE: THIS APPLICATION BECOMES A NUMBERED PERMIT AFTER THE REVIEW IS COMPLETE AND PAYMENT OF FEES.

WORK IS NOT TO BEGIN PRIOR TO ISSUANCE. ~ ALL INFORMATION IS REQUIRED AND MUST BE COMPLETED.

SITE ADDRESS _____ PROPERTY ID # _____

PROPERTY OWNER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

APPLICANT IS: CONTRACTOR OWNER ~ PROPERTY TYPE: **COMMERCIAL** **RESIDENTIAL**

CONTRACTOR COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

APPLICANT CONTACT NAME: _____ PHONE #: _____

CONTRACTOR STATE LICENSE # _____ LEAD CERTIFIED FIRM # _____ VERIFIED BY OFFICE STAFF _____

PROJECT DESCRIPTION _____

The undersigned acknowledges the above information is correct and accepts responsibility for compliance with all applicable laws and ordinances of the ruling jurisdiction.

APPLICANT SIGNATURE _____

PRINTED NAME _____ DATE _____

OFFICE USE ONLY

DATE **ALL** REQUIRED INFORMATION WAS RECEIVED: _____

APPROVALS:

DEMOLITION PROJECTS REQUIRE BUILDING & ZONING REVIEW

BUILDING _____ DATE _____

ZONING _____ DATE _____

PERMIT FEE \$ _____

PAYMENT INFO:

PAYMENT RECEIVED BY _____

SURCHARGE FEE \$ _____

CASH _____ CK# _____ LAST 4 CC# _____

TOTAL FEE \$ _____

RECEIPT #: _____ DATE _____

PRIMARY USE OF THE BUILDING ~ SITE ADDRESS _____

___ AGRICULTURAL ___ COMMERCIAL ___ RESIDENTIAL ___ OTHER _____

TYPE OF CONSTRUCTION: ___ WOOD ___ MASONRY ___ STEEL ___ OTHER _____

FORMER USE OF BUILDING: _____

BUILDING SIZE: _____ x _____ = _____ SQ FT TOTAL FLOOR AREA

DESIRED START DATE: _____ ESTIMATED COMPLETION DATE: _____

TYPE OF DISPOSAL

WHAT IS THE NAME AND LOCATION OF THE LANDFILL?

NAME _____ LOCATION _____

SEPTIC TANKS

ARE THERE SEPTIC TANKS ON SITE? ___ YES ___ NO

IF YES, WILL THE TANKS BE ABANDONED? ___ YES ___ NO

IF YES, WHO IS THE LICENSED MAINTAINER PUMPING THE TANKS?

NAME _____ LICENSE # _____

WELLS

ARE THERE WELLS ON THE SITE? ___ YES ___ NO IF YES HOW MANY? _____

ARE THE WELLS BEING ABANDONED? ___ YES ___ NO IF YES HOW MANY? _____

IF YES, WHO IS THE LICENSED WELL CONTRACTOR SEALING THE WELLS?

NAME _____

ADDRESS _____

PHONE _____ LICENSE # _____

TANKS

ARE THERE PETROLEUM/HAZARDOUS MATERIAL TANKS ON SITE? ___ YES ___ NO

IF YES, WHO IS THE LICENSED CONTRACTOR REMOVING THE TANKS?

NAME _____

ADDRESS _____

PHONE _____ LICENSE # _____

ASBESTOS

IS THERE ASBESTOS PRESENT IN THE BUILDING? ___ YES ___ NO

IF YES, WHO IS THE ASBESTOS ABATEMENT CONTRACTOR?

NAME _____

ADDRESS _____

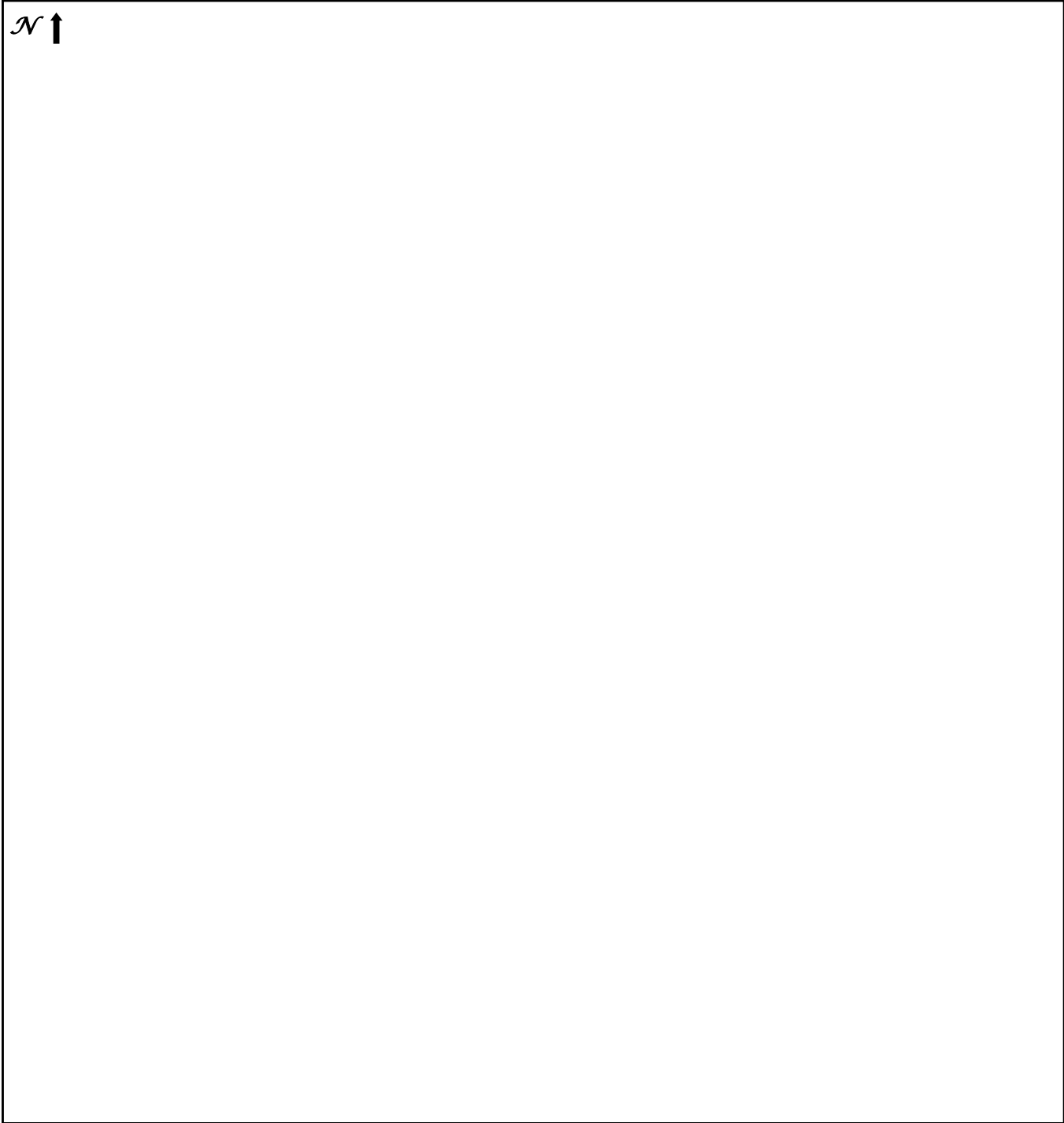
PHONE _____ LICENSE # _____

COMMENTS/ADDITIONAL INFORMATION

DEMOLITION PERMIT SUPPLEMENT

Site Plan Drawing for SITE ADDRESS: _____

N ↑



REQUIRED INFORMATION CAN BE SUBMITTED ON SEPARATE SHEET Check Box when complete:

- Structure or structures to be demolished
- Property Lines
- SSTS location
- Roads Labeled, access to lot/driveway
- Working and abandoned wells (if applicable)
- Lakes, rivers and wetlands