



PERMIT # \_\_\_\_\_

# DEMOLITION PERMIT APPLICATION

**Submit Applications to:** [Permits@rumrivercc.com](mailto: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