



Demolition Permit Application

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

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: Contractor OR Owner ~ Is this Rental Property? Yes No ~ Commercial Residential

Applicant Contact Name _____ Phone # _____

Contractor Company Name _____

Address _____ City _____ State ____ Zip _____

Phone # _____ Email _____

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: _____

Demolition Projects require Building & Zoning Review

Approvals

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 _____

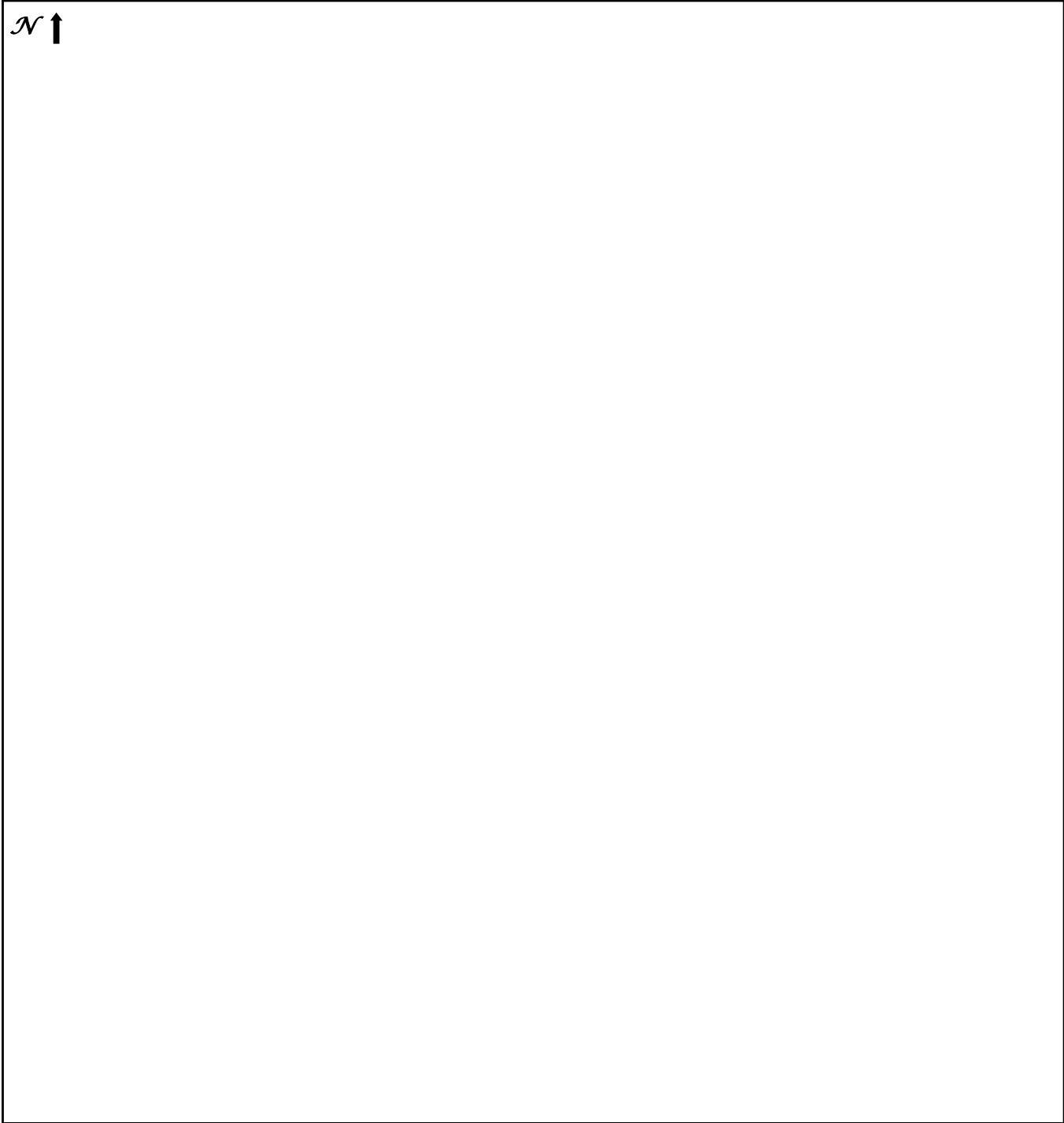
Address _____

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