



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

# Demolition Permit Application

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

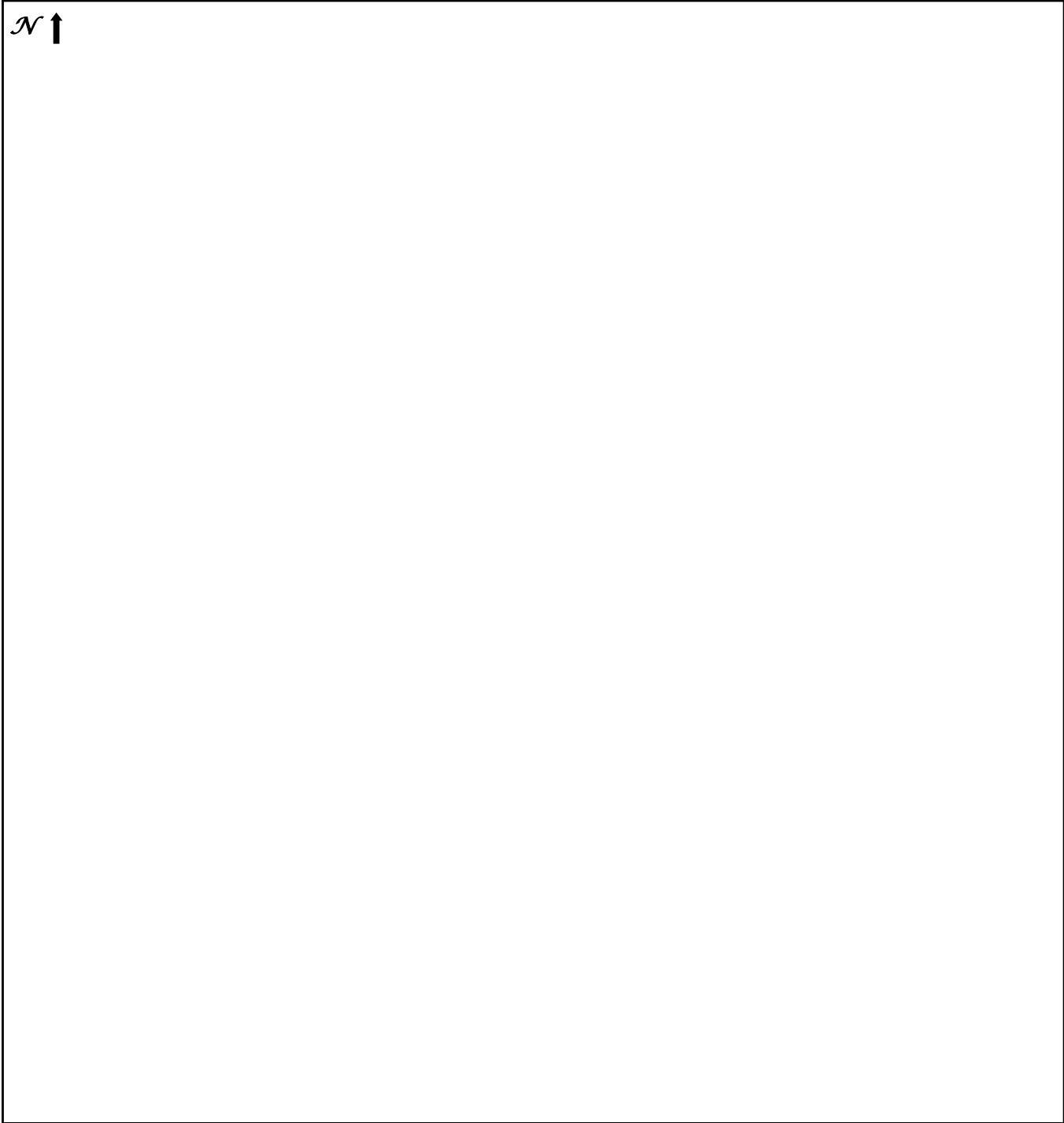
Phone \_\_\_\_\_ License # \_\_\_\_\_

**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