



## RESIDENTIAL DEMOLITION

Permit # \_\_\_\_\_

Date Received \_\_\_\_\_

16319 Kettle River Blvd, Columbus, MN 55025  
Phone: 651-464-3120

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

**SITE ADDRESS:** \_\_\_\_\_ **PID:** \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONTRACTOR COMPANY NAME:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor License No: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Detailed Description of Work:** \_\_\_\_\_

**Valuation:** \_\_\_\_\_

[Residential or Commercial Building Demolition Interior or Structures Requirements: See Handouts](#)

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **Signature of:**  Owner or  Owner's Representative

Permit Fee: \_\_\_\_\_

Issued By: \_\_\_\_\_

State Surcharge: \_\_\_\_\_

Paid: \_\_\_\_\_

Plan Review: \_\_\_\_\_

Date: \_\_\_\_\_

Other: \_\_\_\_\_

Check Number: \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

Receipt Number: \_\_\_\_\_

**24-HOUR NOTICE REQUIRED FOR INSPECTIONS. CALL 952-442-7520.**

OFFICE USE ONLY