Rum River Construction Consultants

Bringing in-depth code analysis to today's built environment

Pine City

North. Nice *and* close.

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

TYPE OF CONSTRUCTION _____

OCCUPANCY CLASSIFICATION _____

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

DEMOLITION PROJECTS REQUIRE BUILDING & ZONING REVIEW

APPROVAL:

BUILDING _____ DATE _____

ZONING _____ DATE _____

PAYMENT INFO:

PAYMENT RECEIVED BY _____

CASH _____ CK# _____ LAST 4 CC# _____

RECEIPT #: _____ DATE _____

PERMIT FEE $ _____

SURCHARGE FEE $ _____

CONTRACTOR FEE $ _____

TOTAL FEE $ _____

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