

# APPLICATION FOR DEMOLITION PERMIT

Appleton, MN

RETURN ALL FORMS TO:

Appleton City Office  
Building Department  
323 W Schlieman Av e  
Appleton, MN 56208  
Phone 320-289-1363  
Fax 320-289-1364

OFFICE USE ONLY

Permit No. \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date Paid \_\_\_\_\_

(Please Print)

Site Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

OFFICE USE ONLY

Permit Fee \$ \_\_\_\_\_

State Surcharge \$ \_\_\_\_\_

TOTAL FEE DUE: \$ \_\_\_\_\_

Zoning District \_\_\_\_\_

Excavation Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## DESCRIPTION OF DEMOLITION

Type of structure to be demolished: \_\_\_\_\_

Start date of demolition: \_\_\_\_\_ Completion date of demolition: \_\_\_\_\_

Contractor to notify local utilities to disconnect services as per City requirements

## NOTIFICATION TO GOPHER STATE ONE-CALL FOR EXCAVATION

Minnesota Statutes Chapter 216D requires that the EXCAVATOR must call GOPHER STATE ONE-CALL at 1-800-252-1166 at least 48 hours before beginning any excavation. It is important to avoid striking any underground utility, telephone, cable television or water and sewer lines. Hand digging is required when excavating within two feet of the markings.

IMPORTANT: By signing this document I am indicating that I have received this notice and agree to accept responsibility for either calling Gopher State One-Call or notifying my excavator to call 48 hours prior to excavating.

## APPLICANT'S CERTIFICATIONS AND COMPLIANCE:

I hereby certify that I have completed, read and examined this application and know the same to be true and correct. I accept responsibility for compliance with all applicable laws, notifications, and city provisions, including those noted on the attached MPCA handout dated 4-18-96. The granting of this permit does not authorize violation or cancellation of any state or local law regulating demolition or the performance of demolition.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

## APPROVAL BY BUILDING OFFICIAL

Comments or Conditions: \_\_\_\_\_

Building Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_