

## **DEMOLITION PERMIT APPLICATION**

Building Inspections Department | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2650 | Fax: 952-882-2656

Please follow checklist provided on back of application for required documents prior to demolition.										
SITE INFORMATION										
Site Address										
Lot	Block	Subdivision								
APPLICANT/CONTRACTOR INFORMATION										
Applicant/Company Name										
Contact Person				Email						
Address			City				State	Zip		
Cell Phone			Phone F				Fax			
PROPERTY OWNER INFORMATION										
Name			F				Phone			
Address		City				State	Zip			
BUILDING(S) TO BE DEMO	LISHED									
Disposal Site			Date Vaca			Date Vac	ted			
Type of Construction Material   Wood			□ Masonry □ Other			□ Oth	er			
Start/End Date of Demolition										
WELL (If applicable)										
□ Abandoned		Licensed We	ell Contractor							
SEPTIC TANK (If applicable, contact Public Works at 952-224-3440 for an inspection)										
□ Collapsed and filled	□ Ren	noved and Di	sposed Pumping Contractor							
CITY WATER/SEWER (If applicable)										
Contact Public Works prior to removing at 952-224-3440. Location of termination must be marked and inspected by the City.										
UNDERGROUND PETROLEUM STORAGE TANK (If applicable)										
☐ Reused ☐ Abandoned (Must be abandoned in accordance with State rules and regulations.)										
HAZARDOUS MATERIALS										
Material (Check all that apply)			Contractor Disposing				Disposal Site			
□ Asbestos										
□ Fluorescent Lamps and Ballasts										
□ Equipment Containing PCB										
□ Freon, CFC's, Halon										
☐ Paint, Pesticides, Batteries										
□ Devices Containing Mercury										

l cert	I certify under penalty of law that the above information is correct and that I will abide by all federal, state, local requirements, rules and regulations pertaining to building demolition and removal of hazardous materials.						
Final Inspection and approval of the restored site is required. The security deposit will be released after an approved final inspection.							
Signature of Applicant Date							
Prin	Printed Name of Applicant						
	CHECKLIST FOR DEMOLITION						
_ <b>\$</b>	Submit a Notification of Intent to Perform a Demolition to the MPCA 10 days prior to applying for a City Demolition Permit.						
	Call Gopher State One Call at 651-454-0002 prior to digging.						
<u></u> П	Lot Survey or Site Plan of proposed demolition site.						
	Gas lines abandoned by gas supplier.						
	Electric service, telephone, and cable disconnected by suppliers.						
<b>-</b> \$	Sewer and water service capped below-grade by licensed contractor. Location of termination marked and inspected by the City.						
	Site drawing showing buildings, wells, septic tanks/drain field, petroleum tanks, property lines, and setbacks.						
□ F	Remove all existing structure footings, foundations, site materials and debris.						
□ l	□ Location of all wells on property. If well is abandoned, provide a <b>Certification of Abandonment</b> to the City.						
_ F	Pump and remove cesspool/septic tank by licensed contractor. Provide pumping certificate to the City.						
□ F	☐ Provide erosion control and establish turf on all disturbed areas.						
OFFICE USE ONLY							
Use of Building		Total Square Feet					
Coi	Comments/Special Conditions						

Comments/Special Conditions					
DEMOLITION DEPOSIT		DE	MOLITION FEE		
\$5,000 Per Building	\$	\$10	00 Per Building	\$	
\$2,000 Per Accessory Building	\$	\$50	Per Accessory Building	\$	
		•	Total	\$	
APPLICATION APPROVED FO	R ISSUANCE BY:				
Building Official Signature				Date	
Application No.			Permit No.		



520 Lafayette Road North St. Paul, MN 55155-4194

condition.

## Demolition/Renovation notification

Asbestos Program

Doc Type: Asbestos & Demolition/Amendments

**Type of notification:** Original Amended Project cancellation Notification must be postmarked or received ten (10) working days before demolition begins. See Item 5 for emergency demolitions. Both start and end dates should be amended in writing as necessary to reflect current project dates. Submittal: Notifications may be made electronically (preferred) or by paper copy. To submit this form electronically, save the form to your computer and send the form to the Minnesota Pollution Control Agency (MPCA) by using the submit button at the end of the form, or attach the form to an email message, using Demolition/Renovation notification as the subject line to asbestos.demolition.pca@state.mn.us. To submit the form by paper copy, please mail to the Asbestos Program at the address above; or fax to 651-297-1438. If you have any questions, contact the MPCA Asbestos Coordinator Kit Grayson at 218-302-6627. Demolition contractor Name of firm or organization: Mailing address: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ City: Contact: Phone: Email: Building owner Name of owner: 
 City:
 \_\_\_\_\_\_\_ Zip code:
 Contact: \_\_\_\_\_ Phone: \_\_\_\_ Email: \_\_\_\_\_ Building information Name of building: \_\_\_ Address/Location: County: State: Zip code: \_\_\_\_ City: Contact: \_\_\_\_\_ Phone: \_\_\_\_ Email: \_\_\_\_ Age of building: \_\_\_\_\_ yrs Size of building: \_\_\_\_\_ sq.ft. Number of floors, including basement level(s): \_\_\_\_\_ Present use of building: Prior use of building: \_\_\_\_\_End date: Dates of demolition or intentional burning Start date: mm/dd/yyyy mm/dd/yyyy Note: If the combined amount of Regulated Asbestos Containing Material (RACM) exceeds 260 linear feet, 160 square feet, or 35 cubic feet in the facility to be demolished, it must be removed by a licensed asbestos contractor prior to demolition. The State of MN-Notice of intent to perform an asbestos abatement project <a href="http://www.pca.state.mn.us/publications/w-sw4-06.doc">http://www.pca.state.mn.us/publications/w-sw4-06.doc</a> must be used to notify for the asbestos removal. Is nonfriable ACM present in the structure to be demolished? ☐ Yes ☐ No Will nonfriable ACM be present in the structure at the time of demolition?  $\square$  Yes  $\square$  No If Yes to both questions above, complete Items 1-9. If No to either question, complete Items 3-9. 1. If ACM will be left in place indicate the amount of Category I and/or Category II nonfriable ACM left in place. Category I: Linear feet Category II: Linear feet \_\_\_\_\_ Square feet Square feet Cubic feet Cubic feet Category I nonfriable ACM means asbestos-Category II nonfriable ACM means any material, excluding Category I containing packings, gaskets, resilient floor covering, nonfriable ACM, containing more than one percent Asbestos that, when dry, and asphalt roofing products containing more than cannot be crumbled, pulverized, or reduced to a powder by hand pressure. one percent asbestos. Category II nonfriable ACM is not allowed to remain in place for Category I nonfriable ACM is not allowed to demolition if it has a high probability of becoming crumbled, pulverized, remain in place for demolition if it is in poor or reduced to a powder during demolition, transport, or disposal (e.g.,

transite, cement, slate roofing).

2.	Description and location of ACM	emaining in place (inclu	ding number o	of floors and rooms):			
3.		ytic method): ( <b>Note:</b> Prior	r to demolition a	he procedure used to determine the presence all structures must be inspected by a licensed t of Health.)			
4.	Description of planned demolition	and the specific method	d(s) that will be	e used:			
5.	If the demolition was ordered by a	a government agency, pl	ease identify th	ne agency and attach a copy of the order:			
	Name:		Title:				
	Authority:						
				ım/dd/yy):			
	following working day. A demolition and in danger of imminent collapse. to contain any regulated ACM, spec	is considered an emergend If the structurally unsound ial procedures <b>must</b> be fol	cy <b>only</b> when th I building is kno Ilowed. If you ar	ble before demolition begins, but not later than the ne facility has been deemed structurally unsound wn to contain any regulated ACM or is suspected re unaware of the special procedures, instructions/ sted below. Refer to 40 CFR 61.145(a)(3) for			
<ol> <li>7.</li> </ol>	becomes crumbled, pulverized or Waste transporter information:	reduced to powder:	•	CM is found or Category II nonfriable ACM			
	Mailing address:			<del></del>			
	City:	State	e:	Zip code:			
_							
8.	Permitted waste disposal site info						
	Mailing address:						
	City:	State	e:	Zip code:			
•							
9.	By typing my name below, I certify that the above information is correct and I am a bonafide representative of the demolition contractor or building owner and have authority to enter into agreements for my employer.						
	Print name:  (This document has been electronically signed.)  Title:  Date:						
	(This document has be	en electronically signed.)	Date:				
me MF	mportant Note: Ensure you novation/demolition. This rule require aste; household hazardous waste; induercury, Poly-Chlorinated BiPhenyls (PCPCA website at <a href="http://www.pca.state.nguidance Document">http://www.pca.state.nguidance Document</a> to assist with comp	are in compliance with Nes that the following items strial or hazardous waste; CBs), and chlorofluorocarbin.us/publications/w-sw4-2 letion of this rule.	Minn. R. 7035.0 be removed two waste tires; ma ons (CFCs); oil 0.pdf for a Pre-	1805 prior to the commencement of o days prior to demolition: mixed municipal solid ajor appliances; items containing elemental; lead; electronics; and other prohibited items. See Renovation/Demolition Environmental Checklist			
^D	emolition waste must be disposed of a IPCA solid waste compliance/enforcer			r disposal option please contact the regional			

Use your preferred relay service Available in alternative formats www.pca.state.mn.us • 651-296-6300 • 800-657-3864 w-sw4-21 • 8/29/17 Page 2 of 2