



Demolition Permit Application

Office Use Only

Permit # _____

Site Address

Applicant Contractor Owner

Property Owner

Name		Phone	
Address	City	State	Zip

Contractor

Name		Phone	
Address	City	State	Zip
Contact Person		License #	

E-Mail Address

Class of Work

- Entire Building Complete Tenant Space
 Partial Building Partial Tenant Space

Type of Structure

- | | |
|--|---|
| <input type="checkbox"/> Single family residential | <input type="checkbox"/> Single family connected to single Family |
| <input type="checkbox"/> Residential garage | <input type="checkbox"/> Two family residential |
| <input type="checkbox"/> Three-four family residential | <input type="checkbox"/> Multi-family residential |
| <input type="checkbox"/> Offices, banks, professional | <input type="checkbox"/> Stores, restaurants, warehouse |
| <input type="checkbox"/> Hotels, Motels | <input type="checkbox"/> Service stations & repair garage |
| <input type="checkbox"/> Recreational, amusement | <input type="checkbox"/> Industrial building(s) |
| <input type="checkbox"/> Public works & utilities building | <input type="checkbox"/> Public school |
| <input type="checkbox"/> Churches & religious building(s) | <input type="checkbox"/> Private school |
| <input type="checkbox"/> Hospitals & institutional building(s) | <input type="checkbox"/> Other non-residential building(s) |
| <input type="checkbox"/> Other non-building structure(s) | |

Project Details

Estimated completion date _____ Cubic feet of building _____

Description of work to be done _____

Has an asbestos inspection been done? Yes No

Is this structure being removed to allow for the construction of a new structure? Yes No

Does proposed work involve the removal of any elevators, escalators, or similar mechanisms? Yes No

Is there a well on site? Yes No

Will there be any changes made to the current plumbing system/fixtures? Yes No

Will there be any changes made to the current electrical system/fixtures? Yes No

Will there be any changes made to the current HVAC system/fixtures? Yes No

Is erosion control required? Yes No

Please read and sign

I hereby apply for a demolition permit and I acknowledge that the information provided is complete and accurate; that the work will be done in accordance with the ordinances and codes of the City of Albert Lea and the State of Minnesota; that I understand this is not a permit but only an application for a permit and work is not to start without a permit;

Applicant Printed Name

Applicant Signature

Date Signed

Do not write below this line; for office use only

**Utilities
Division
approval**

Required? Yes No

Received? Yes No

By _____ Date _____

**Engineering
Division
approval**

Required? Yes No

Received? Yes No

By _____ Date _____

Inspector Name _____

Conditions of Issuance _____

Permit Approved by _____ Date _____