

APPLICATION FOR DEMOLITION PERMIT

SCOTT COUNTY, MINNESOTA

Township or City: _____ Sec. No. _____ Parcel No. _____	Date Received: _____
Project Address: _____	Permit No.: _____
Applicant Name: _____	Receipt No.: _____
Address: _____	Home Phone: _____
Owner (if other than Applicant): _____	Work Phone: _____
Address: _____	Home Phone: _____
Contractor Name: _____	Work Phone: _____
Address: _____	

You must submit a site drawing showing: All buildings, wells, septic tanks/drainfield, petroleum tanks, property lines and setbacks.

1. Type of building(s) to be demolished: _____
 Location of disposal site: _____
2. Type of construction material: Wood _____ Masonry _____ Other _____
3. Asbestos present in building: Yes _____ No _____ If Yes, complete A & B below and notify the State, if required:
 - A. Name of contractor removing asbestos: _____
 - B. Facility disposal site: Name: _____
 Address: _____
4. Indicate if any of the hazardous materials listed below are present. If Yes, include how they will be managed (use other sheets if needed).
 Fluorescent lamps and ballasts: Yes _____ No _____
 Mercury containing devices (thermostats, switches, appliances, boilers, etc.): Yes _____ No _____
 Electrical equipment containing PCBs, including light ballasts, capacitors, and appliances: Yes _____ No _____
 Appliances and fire extinguishers containing freon, CFCs, halon, etc.: Yes _____ No _____
 Other Hazardous Material (paints, pesticides, batteries, auto or cleaning products, etc.): Yes _____ No _____
5. Well(s) on site: Yes _____ No _____ If Yes, will well(s) be abandoned? Yes _____ No _____ If Yes, the name of the Licensed Well Contractor is: _____
6. Cistern on site: Yes _____ No _____ If Yes, the cistern must be properly disposed/filled as directed by the Env. Health Dept.
7. Septic tanks(s) on site: Yes _____ No _____ If Yes, will tank(s) be abandoned? Yes _____ No _____ If Yes, complete below:
 Tanks to be pumped by (licensed pumper name): _____
 A. Tank(s) to be collapsed and filled with (sand, gravel, etc.): Yes _____ No _____
 or B. Tank(s) to be removed and disposed at: _____
8. City water & sewer: Yes _____ No _____ (If Yes, must be properly abandoned.)
9. Underground petroleum storage tank(s) on site: Yes _____ No _____ If Yes, will the tanks be used? Yes _____ No _____
 If No, the Underground Storage tank(s) must be abandoned in accordance with State rules and regulations.

I certify under penalty of law that the above information is correct and that I will abide by all federal, state and local requirements, rules and regulations pertaining to building demolition and removal of hazardous materials, including the conditions listed below.

Owner's Signature	Date	Contractor's Signature	Date
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----- COUNTY ENVIRONMENTAL HEALTH USE ONLY -----

Approved: _____ Denied: _____ By Scott County Environmental Health subject to existing regulations and the following conditions:

ALL SOLID WASTE MUST BE DISPOSED AT A LICENSED SOLID WASTE FACILITY. NO SOLID WASTE SHALL BE BURNED OR BURIED ON THE SITE.

Signature _____ Date _____

----- COUNTY BUILDING OFFICE USE ONLY -----

Approved: _____ Denied: _____ By the Scott County Building Official subject to existing regulations and the following conditions:

Signature _____ Date _____

Additional Comments: _____	FEES: Demolition Permit: _____
	State Surcharge _____
	TOTAL FEE _____