

Site Address: _____

Legal Description: Lot _____ Block _____ Subdivision _____

or PID # _____

Owner/Buyer Name: _____ Contractor Name: _____

Address: _____ Address: _____

City/State: _____ Zip: _____ City/State: _____ Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Architect/Engineer (if applicable): _____

Address: _____

City/State: _____ Zip: _____ Phone: _____

Email: _____

Description of Work: _____

Valuation (including labor): _____ Estimated Completion Date: _____

Class of Work (check only one):

1. Residential 2. Commercial 3. Accessory Building

Type of Structure (check only one):

- | | |
|---|---|
| <input type="checkbox"/> Single Family (01) | <input type="checkbox"/> Recreational, Amusement (45) |
| <input type="checkbox"/> Single Family Attached – Duplex (02) | <input type="checkbox"/> Other Non-Housekeeping Shelter (46) |
| <input type="checkbox"/> Residential Garage (03) | <input type="checkbox"/> Industrial Building (65) |
| <input type="checkbox"/> Two Family Residential (30) | <input type="checkbox"/> Public Works & Utilities Building (70) |
| <input type="checkbox"/> Three-Four Family Residential (31) | <input type="checkbox"/> Public Schools (80) |
| <input type="checkbox"/> Multiple Family Residential (32) | <input type="checkbox"/> Private Schools (81) |
| <input type="checkbox"/> Offices, Banks, Professional (40) | <input type="checkbox"/> Churches & Religious Buildings (85) |
| <input type="checkbox"/> Stores, Restaurant, Warehouse (41) | <input type="checkbox"/> Hospitals & Institutional (88) |
| <input type="checkbox"/> Hotels & Motels (42) | <input type="checkbox"/> Other Non-Residential Buildings (93) |
| <input type="checkbox"/> Parking Garage (43) | <input type="checkbox"/> Fences, Signs, Antennas (95) |
| <input type="checkbox"/> Service Stations & Repair Garages (44) | <input type="checkbox"/> Other Non-Building Structures (96) |

Is this structure being removed for the construction of another? Yes No

Designated Disposal Site: Landfill Dump

I hereby apply for a Demolition Permit and I acknowledge that the information above is complete and accurate: that the work will be in conformance with the ordinances and codes of the City of Rosemount and with the Minnesota Building Codes; that I understand that this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

Signature of Applicant or Authorized Agent _____
Date

NOTICE: This is an application only. Permit will be issued after City approval and payment of fees.

***** FOR OFFICE USE ONLY *****

Sewer Availability Charges (SAC):

SAC Credit: Yes No

Units Available: _____

Used: Yes No

Date Used: _____

Permit Fees:

Demolition Permit Fee	
State Surcharge	
Other Fees	
TOTAL FEE	

Conditions/Remarks:

Engineering Approval: _____ Date: _____

Planning Approval: _____ Date: _____

Fire Marshal Approval: _____ Date: _____

Building Approval: _____ Date: _____