

DEMO SITE ADDRESS _____ DEMO PERMIT# _____

START DATE _____ COMPLETION DATE _____

CHECK APPLICABLE

TYPE OF STRUCTURE SINGLE FAMILY COMMERCIAL APARTMENT DUPLEX SHED

UTILITIES ON SITE WATER GAS CABLE
 SEWER ELECTRIC PHONE

EXISTING UTILITIES USED FOR NEW STRUCTURE USE TERMINATE

WATER WELL ONSITE YES NO

WATER WELL TO BE CAPPED YES NO

UNDERGROUND FUEL TANK YES NO

REMOVE UNDERGROUND FUEL TANK YES NO

APPLICANT NAME _____

APPLICANT ADDRESS _____

APPLICANT EMAIL _____

OWNER NAME _____

OWNER ADDRESS _____

OWNER EMAIL _____ OWNER PHONE _____

CONTRACTOR NAME _____

CONTRACTOR LICENSE # _____

CONTRACTOR ADDRESS _____

CONTRACTOR EMAIL _____ CONTRACTOR PHONE _____

LIABILITY INSURANCE COMPANY NAME _____ POLICY PERIOD START _____ END _____

AGENT EMAIL _____ AGENT PHONE _____ COPY OF INS POLICY ATTACHED

I hereby declare that I am the owner or demolition contractor of the above described property. I agree that all the materials from demolition will be taken to a state approved demolition dump site. I understand that issuance of a permit and inspections conducted do not constitute a guarantee or warranty from the City of Spicer. I hereby agree to do all the work in accordance with the ordinances of the City of Spicer, Minnesota state building code and requirements of the City building inspector. I have provided the City of Spicer with a Certificate of Insurance covering the work period for the completion of the demolition project. Water and sewer services will be terminated at the main if they will not be reused. All information contained on the permit application is true and accurate.

APPLICANTS SIGNATURE _____ DATE _____

CITY USE ONLY

PARCEL ID# _____

CITY ZONING APPROVAL: _____ DATE: _____

APPROVED FOR ISSUANCE BY BUILDING INSPECTOR: _____ DATE: _____