

DEMOLITION PERMIT APPLICATION

590 40th Avenue NE, Columbia Heights, MN 55421 • PH: 763-706-3670 • www.columbiaheightsmn.gov

**COMMUNITY
DEVELOPMENT**

DATE RECEIVED: _____

Please Note	A Separate Permit <u>MUST</u> be pulled for Termination of Sewer and Water Lines	
APPLICANT	<input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor	Email: _____
SITE ADDRESS	_____	
PROPERTY OWNER / TENANT	Name: _____ Phone: _____ Address _____ City: _____ State: _____ Zip: _____	
CONTRACTOR Note: Please submit a copy of your state license with this application, or obtain a City License.	Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ State License #: _____ Expiration Date: _____	
TYPE OF DEMO	<input type="checkbox"/> Commercial <input type="checkbox"/> Institution <input type="checkbox"/> Primary Structure	What type of fill is being used? _____
	<input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Accessory Structure (Garage, Shed, etc.)	
	Will the foundation be removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FUTURE PLAN FOR THE SITE	_____	
DESCRIPTION OF WORK	_____	
VALUATION Labor and Materials	\$ _____	All Fees are Based on the job Valuation. The City of Columbia Heights uses an amended version of the 1997 U.B.C. Fee Schedule.

THIS IS AN APPLICATION FOR A PERMIT - NOT VALID UNTIL PROCESSED

I hereby apply for a building 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 Columbia Heights and with the Minnesota Construction Codes; that I understand 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.

PRINT NAME: _____ **DATE:** _____

SIGNATURE OF APPLICANT: _____

PERMIT FEE:	\$ _____	Based on job valuation-- (Call for a Quote) 763-706-3670-Minimum fee of \$35
PLAN REVIEW:	\$ _____	
SURCHARGE:	\$ _____	(0.0005) Times the Job Valuation
CONTRACT LICENSE:	\$ _____	
TOTAL DUE:	\$ _____	Make Checks Payable to the City of Columbia Heights