



Date: _____ Permit #: _____

Demolition Permit Application

SITE ADDRESS: _____

Applicant Information

CONTRACTOR

Company: _____ Phone: _____

Contractor Registration License #: _____ Expiration Date: _____

Contact Person (print): _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

PROPERTY OWNER

Name/Company: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Demolition Plans

Type of building(s) to be demolished: _____

Disposal plans: _____

Type of construction: Wood Masonry Other: _____

Dust control plans: _____

Asbestos present in the building? Yes No

If yes, name of contractor removing asbestos: _____

Disposal site name & address: _____

Trees on lot? Yes No If yes, are you removing trees? Yes No

Well(s) on site? Yes No

If yes, will well(s) be sealed? Yes No

Licensed well contractor: _____

Cistern on site? Yes No If so, must be filled with sand and gravel.

Septic on site? Yes No

If yes, will tank(s) be abandoned? Yes No

Licensed pumper name: _____

Or will tank be removed? Yes No

Disposal of tank site: _____

Underground petroleum storage tank on site? Yes Contact Minnesota Pollution Control Agency @ (612) 296-6300 No

Abandoning water and electric service? Yes Contact Shakopee Public Utilities @ (952) 445-1988 No

Abandoning sanitary sewer service? Yes Contact Shakopee Engineering @ (952) 233-9300 No

NOTICE: All foundation/footing material must be removed.

Permit Fee Determination

Contract Price: _____ x 2.5% + state surcharge = \$ _____

Notes to Applicant

- This permit shall be null and void if authorized work is not started within 180 days or if work is suspended/abandoned for 180 days or more after work has started.
- Comply with City Code 111.02 prohibitions and limitations of construction on City or Shakopee Public Utilities easements.
- Permit review normally requires 10 working days from receipt of the **COMPLETE** application **AND** required information. You will be contacted with the building permit fee once our review is complete. Upon receipt of the payment, the permit will be issued.
- Permit and Plan Review Fees are based on City Code 111.04
- **PLEASE ARRANGE FOR INSPECTIONS 24 HRS IN ADVANCE**

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Shakopee to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Shakopee and the State of Minnesota.

Applicant's Signature

Date

Submittal Checklist

___ Completed Application

___ MPCA Notification of Intent to Perform a Demolition form (attached)

___ Plan or site survey indicating:

- Buildings, wells, septic tanks, drain fields, property lines, petroleum tanks and water and sewer services
- Setbacks (Contact the Building Department @ (952) 233-9397 with questions)

CITY OF SHAKOPEE USE – PERMIT APPROVED BY:

Fire Department

Date

Planning Department

Date

Engineering Department

Date

Building Department

Date

Notes:



Notification of Intent to Perform a Demolition

Asbestos Program

Doc Type: Asbestos & Demolition/Amendments

Type of notification: Original Amended Project cancellation

Notification must be postmarked or received ten (10) working days before demolition begins. See Item 5 for emergency demolitions. Both start and end dates should be amended in writing as necessary to reflect current project dates.

Demolition Contractor

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Contact name: _____

Phone number: _____

Building Information

Building name: _____

Address/Location: _____

City, State, Zip: _____

County: _____

Phone number: _____

Age of bldg (yrs): _____ Size of bldg (sq ft): _____

Number of floors, including basement level(s): _____

Present use of bldg: _____

Prior use of bldg: _____

Building Owner

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Contact name: _____

Phone number: _____

Dates of demolition or intentional burning:

Start date: _____ End date: _____
mm/dd/yy mm/dd/yy

Note: If there is >260 linear feet or >160 square feet of Regulated Asbestos-Containing Material (RACM) in the building to be demolished, it must be removed by a licensed asbestos contractor prior to demolition. The State of MN-Notice of Intent to Perform an Asbestos Abatement Project <http://www.pca.state.mn.us/publications/w-sw4-06.doc> must be used to notify for the asbestos removal.

Is nonfriable ACM present in the structure to be demolished? Yes No

Will nonfriable ACM be present in the structure at the time of demolition? Yes No

If **Yes** to both questions above, complete Items 1-9. If **No** to either question, complete Items 3-9.

1. If ACM will be left in place for the demolition indicate the amount of Category I and/or Category II nonfriable ACM left in place.

Category I: _____ Linear feet
 _____ Square feet
 _____ Cubic feet

Category I nonfriable ACM means asbestos-containing packings, gaskets, resilient floor covering, and asphalt roofing products containing more than one percent asbestos.

Category I nonfriable ACM is not allowed to remain in place for demolition if it is in poor condition.

Category II: _____ Linear feet
 _____ Square feet
 _____ Cubic feet

Category II nonfriable ACM means any material, excluding Category I nonfriable ACM, containing more than one percent Asbestos that, when dry, cannot be crumbled, pulverized, or reduced to a powder by hand pressure.

Category II nonfriable ACM is not allowed to remain in place for demolition if it has a high probability of becoming crumbled, pulverized, or reduced to a powder during demolition, transport, or disposal (e.g., transite, cement, slate roofing).

2. Description and location of ACM remaining in place (including number of floors and rooms):

3. Company and/or individual that conducted the building inspection and the procedure used to determine the presence or absence of ACM (including analytic method): (Note: Prior to demolition all structures must be inspected by a licensed asbestos inspector who has been certified through the Minnesota Department of Health.)

4. Description of planned demolition and the specific method(s) that will be used:

5. If the demolition was ordered by a government agency, please identify the agency and attach a copy of the order:

Name: _____ Title: _____

Authority: _____

Date of order (mm/dd/yy): _____ Start date (mm/dd/yy): _____

Notification for an emergency demolition must be submitted as early as possible before demolition begins, but not later than the following working day. A demolition is considered an emergency **only** when the facility has been deemed structurally unsound and in danger of imminent collapse. If the structurally unsound building is known to contain any regulated ACM or is suspected to contain any regulated ACM, special procedures **must** be followed. If you are unaware of the special procedures, instructions/ regulations can be obtained by contacting the Minnesota Pollution Control Agency (MPCA) at the address or phone number listed below.

6. Description of procedure to be followed in the event that unexpected RACM is found or Category II nonfriable ACM becomes crumbled, pulverized or reduced to powder:

7. Demolition waste transporter(s) information:

Transporter name: _____

Contact name: _____

Tranporter address: _____

City, State, Zip: _____

Phone number: _____

8. Demolition waste disposal information: *see below for more information

Landfill name: _____

Owner/Operator: _____

Address/Location: _____

City, State, Zip: _____

Phone number: _____

9. I certify that the above information is correct and I am a bonafide representative of the demolition contractor or building owner and have authority to enter into agreements for my employer.

Print name: _____ Title: _____

Signature: _____ Date: _____

Important Note:

Ensure you are in compliance with Minn. R. 7035.0805 prior to the commencement of renovation/demolition.

This rule requires that the following items be removed two days prior to demolition: mixed municipal solid waste; household hazardous waste; industrial or hazardous waste; waste tires; major appliances; items containing elemental mercury, Poly-Chlorinated BiPhenyls (PCBs), and chlorofluorocarbons (CFCs); oil; lead; electronics; and other prohibited items. See MPCA website at <http://www.pca.state.mn.us/publications/w-sw4-20.pdf> for a Pre-Renovation/Demolition Environmental Checklist Guidance Document to assist with completion of this rule.

*Demolition waste must be disposed of at a permitted solid waste facility. For other disposal option please contact the regional MPCA solid waste compliance/enforcement staff with any questions.

Submit to: Minnesota Pollution Control Agency
Industrial Division – Asbestos Program
520 Lafayette Road North
St. Paul, MN 55155-4194

Questions call: 651-296-6300 or 1-800-657-3864
Fax: 651-297-1438

E-mail: asbestos.demolition.pca@state.mn.us