



Demolition Permit Application

Office Use Only

Permit # _____

Site Address

Applicant ☐ Contractor ☐ Owner

Property Owner

Name		Phone	
Address	City	State	Zip

Contractor

Name		Phone	
Address	City	State	Zip
Contact Person		License #	

E-Mail Address

Class of Work

<input type="checkbox"/> Entire Building	<input type="checkbox"/> Complete Tenant Space
<input type="checkbox"/> Partial Building	<input type="checkbox"/> Partial Tenant Space

Type of Structure

<input type="checkbox"/> Single family residential	<input type="checkbox"/> Single family connected to single Family
<input type="checkbox"/> Residential garage	<input type="checkbox"/> Two family residential
<input type="checkbox"/> Three-four family residential	<input type="checkbox"/> Multi-family residential
<input type="checkbox"/> Offices, banks, professional	<input type="checkbox"/> Stores, restaurants, warehouse
<input type="checkbox"/> Hotels, Motels	<input type="checkbox"/> Service stations & repair garage
<input type="checkbox"/> Recreational, amusement	<input type="checkbox"/> Industrial building(s)
<input type="checkbox"/> Public works & utilities building	<input type="checkbox"/> Public school
<input type="checkbox"/> Churches & religious building(s)	<input type="checkbox"/> Private school
<input type="checkbox"/> Hospitals & institutional building(s)	<input type="checkbox"/> Other non-residential building(s)
<input type="checkbox"/> Other non-building structure(s)	

Project Details

Estimated completion date _____ Cubic feet of building _____

Description of work to be done _____

Has an asbestos inspection been done? ☐ Yes ☐ No

Is this structure being removed to allow for the construction of a new structure? ☐ Yes ☐ No

Does proposed work involve the removal of any elevators, escalators, or similar mechanisms? ☐ Yes ☐ No

Is there a well on site? ☐ Yes ☐ No

Will there be any changes made to the current plumbing system/fixtures? ☐ Yes ☐ No

Will there be any changes made to the current electrical system/fixtures? ☐ Yes ☐ No

Will there be any changes made to the current HVAC system/fixtures? ☐ Yes ☐ No

Is erosion control required? ☐ Yes ☐ No

Please read and sign

I hereby apply for a demolition permit and I acknowledge that the information provided is complete and accurate; that the work will be done in accordance with the ordinances and codes of the City of Albert Lea and the State of Minnesota; that I understand this is not a permit but only an application for a permit and work is not to start without a permit;

Applicant Printed Name

Applicant Signature

Date Signed

Do not write below this line; for office use only

Utilities Division approval

Required? ☐ Yes ☐ No

Received? ☐ Yes ☐ No

By _____ Date _____

Engineering Division approval

Required? ☐ Yes ☐ No

Received? ☐ Yes ☐ No

By _____ Date _____

Inspector Name _____

Conditions of Issuance _____

Permit Approved by _____ Date _____