

Township Demolition Permit Application

////////////////////////////////////APPLICANT COMPLETE INFORMATION BELOW////////////////////////////////////

Project Address: _____ City _____ Zip: _____
Property Owner: _____ Phone: _____ Applicant: [if different
than the owner] Name: _____ Address: _____ City: _____
Zip: _____ Phone: _____ Contractor: Name: _____ Address: _____
City: _____ Phone: _____ Type of building being demolished: _____

Primary use of the building: Residence _____ Commercial _____ Agricultural _____
Other _____

Type of disposal: Demolition and off site disposal is required. What is the name and location of the landfill;

Burial or burning: If all or portions of the structure are proposed to be burned or buried on-site a permit is required from the MN Pollution Control Agency, contact Mark Hugeback, 1-800-657-3864. Provide a copy of the permit with this application.

Septic Tanks: Are there septic tanks on the site Yes ___ No ___, if yes, will the tanks be abandoned Yes ___
No ___, if yes, who is the licensed pumper pumping the tanks: Name: _____
License # _____

Cisterns: Is there a cistern? Yes ___ No ___, [if yes it must be removed or filled with sand or gravel].

Wells: Are there wells on the site: Yes ___ No ___, [if yes how many ___], Are the wells being abandoned
Yes ___ No ___, [if yes who is the Licensed Well Contractor sealing the wells]:
Name _____ Phone: _____ License # _____

Tanks: Are there petroleum or hazardous material tanks on the site: Yes ___ No ___, [if yes who is the licensed
contractor removing the tanks]: Name _____ Phone: _____ License # _____

Asbestos: Is there asbestos present in the building: Yes ___ No ___, If yes asbestos abatement contractor:
Name: _____ Phone# _____ License# _____

Comments/Additional Information: _____

I hereby certify with my signature that all data on my application form and site plan are true and correct to the best of my knowledge:

Applicant's Signature: _____ Date: _____ Phone _____
Name [please print]: _____ Phone: _____

* Provide a site plan of the property showing the location of the building that is being demolished.

[OVER]

////////////////////////////////////Office Use Only////////////////////////////////////

Planning: Reviewed by: _____ Date: _____ Subject to the following conditions: _____

Building: Reviewed by: _____ Date: _____ Subject to the following conditions: _____

Environmental Health: Reviewed by: _____ Date: _____ Subject to the following conditions: _____

Waste Management (if needed): Reviewed by: _____ Date: _____

Fees: _____ Total: _____ Issued by: _____

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If you have any questions, please feel free to contact the Planning & Zoning Office
Monday through Friday, 8:00 am to 4:30 pm

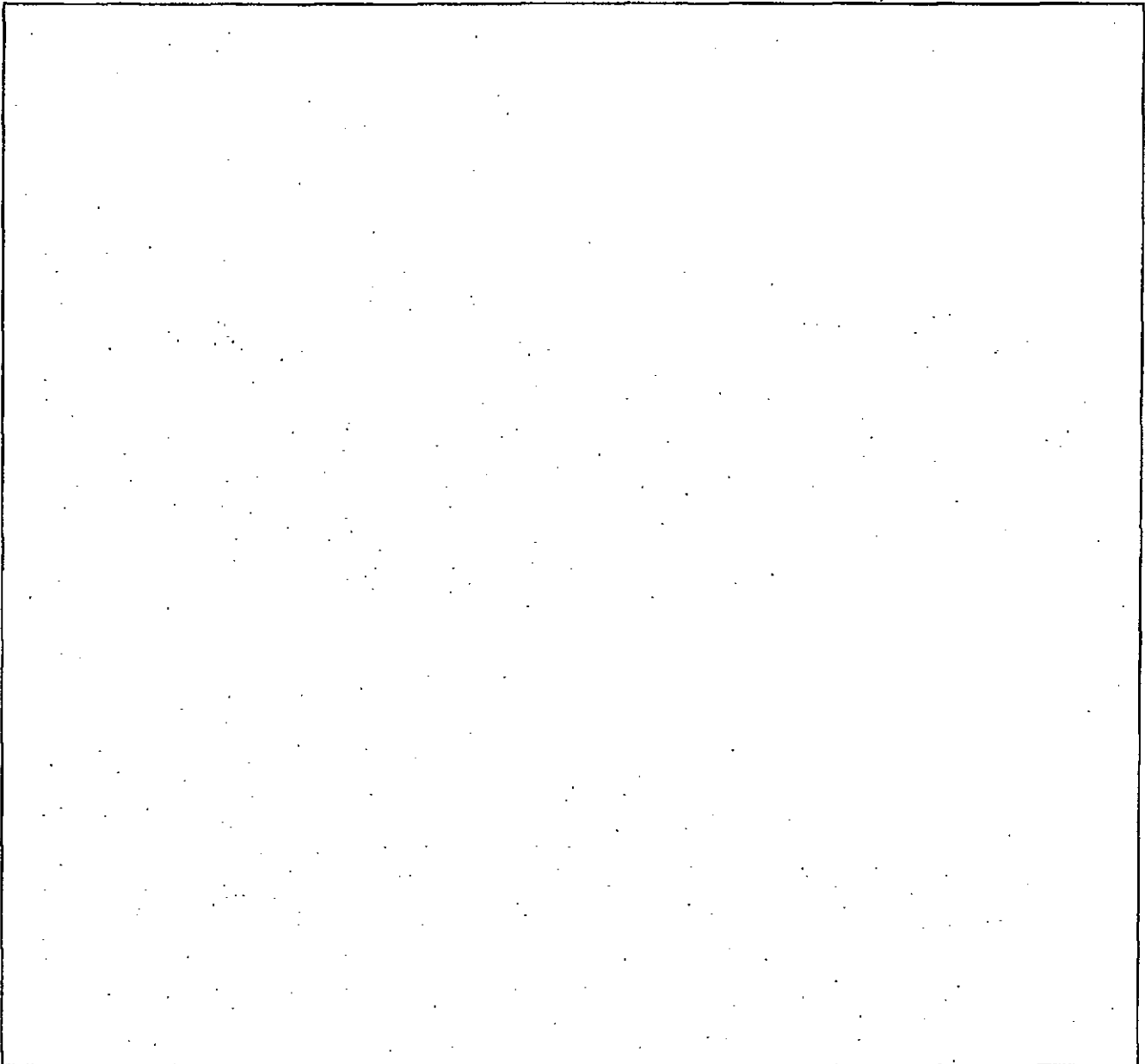
Jim Braun, Zoning Administrator
Office of Planning & Zoning
2428-115th Avenue
Princeton, Minnesota 55371-6200

Metro: 763-389-3487
Toll Free: 1-800-851-3383
Cellular: 612-282-9496
Fax: 763-389-9587

SITE PLAN

- Property Lines
- North Arrow

- Scale of Drawing: 1 square = ____
_____ feet



Required Information as per Section 505.16 of the Rice County Zoning Ordinance – Can be submitted on separate sheet

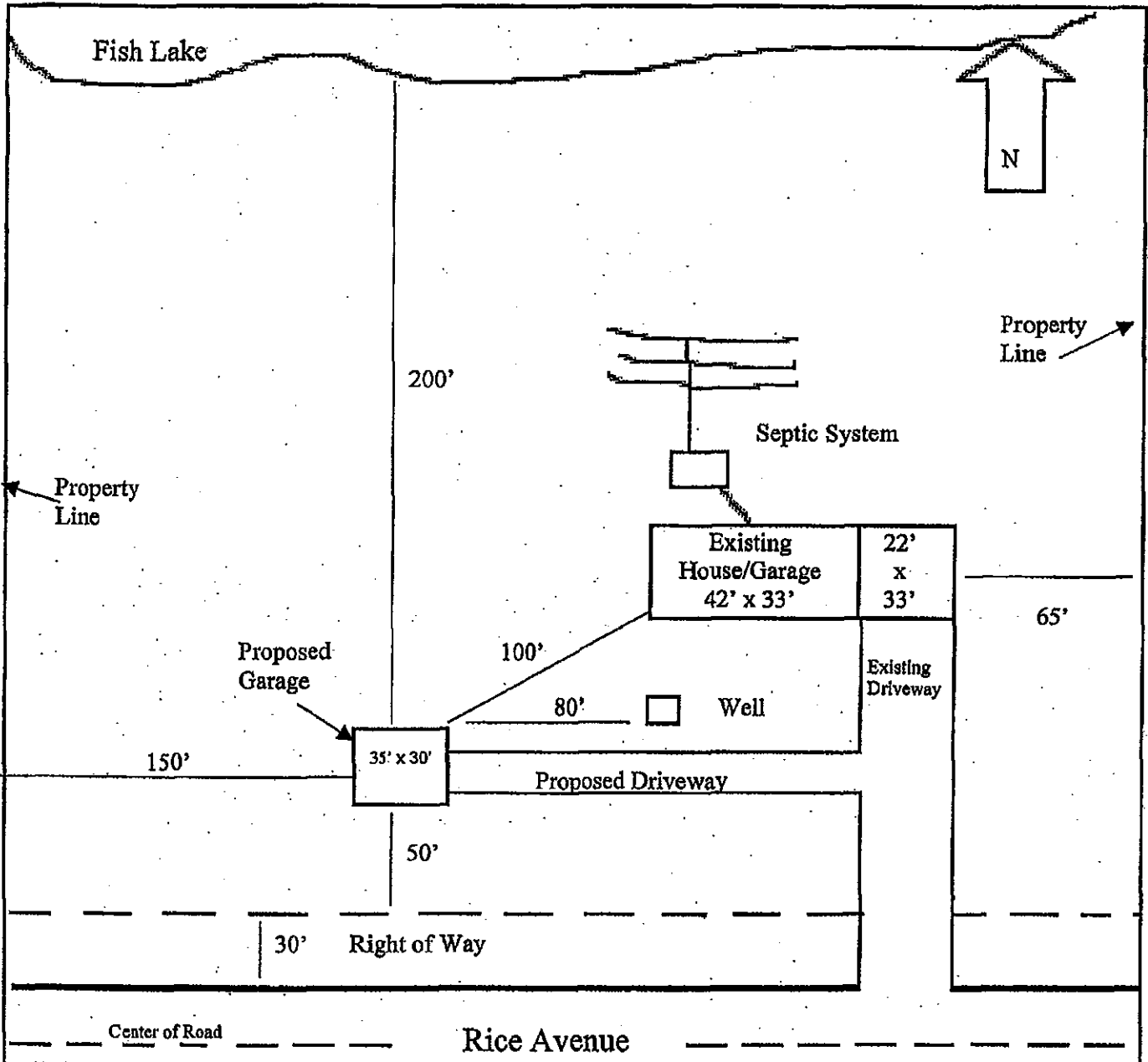
Check box when complete:

- | | |
|---|---|
| <input type="checkbox"/> Soils information | <input type="checkbox"/> Landscape plan including existing vegetation |
| <input type="checkbox"/> Lakes, streams and wetlands | |
| <input type="checkbox"/> Existing land uses onsite and neighboring properties | <input type="checkbox"/> Roads labeled, access to lot/driveway |
| <input type="checkbox"/> Areas subject to flooding | <input type="checkbox"/> Sewage treatment plans |
| <input type="checkbox"/> Existing and proposed structures, building footprints and setbacks | <input type="checkbox"/> Storm water and Erosion Control plans |
| <input type="checkbox"/> Traffic generation | <input type="checkbox"/> Working and abandoned wells |

SAMPLE SITE PLAN

- Property Lines
- North Arrow

Scale of Drawing: 1 square = _____ feet



Required Information as per Section 505.16 of the Rice County Zoning Ordinance – Can be submitted on separate sheet

Check box when complete:

- | | |
|--|---|
| <input type="checkbox"/> Soils information | <input type="checkbox"/> Landscape plan including existing vegetation |
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| <input type="checkbox"/> Traffic generation | |