



Application Number: _____

Related Records: _____

Olmsted County Planning Department

Inspections Division

2122 Campus Dr SE, Suite 100

Rochester, MN 55904

P: 507-328-7100

planningweb@olmstedcounty.gov

DEMOLITION PERMIT APPLICATION

Site Address:

If due to storm damage, include the date it occurred:

Applicant:

Property Owner

Contractor/Professional

Other:

Scope of Work

Describe project in detail:

Property Owner

Full Name:

Phone:

Email:

Address:

Contractor

Company Name:

Phone:

Email:

Contact Name:

State License Number:

Exp. Date:

Address:

Type of Structure(s)

Residential

Commercial

Garage

Other:

Any hazards within the structure (i.e. asbestos, lead paint)?

Disposal plan for hazardous material:

Disclaimer and Signature

I hereby apply for a building/zoning permit, and I acknowledge that the information above is complete and accurate; that the work will be in conformance with applicable ordinances and regulations; that I understand this is not a permit, but only an application for a permit, and work is not to start without a permit; and that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

Applicant Signature:

Date: