Permit No.

Application for Demolition Permit

City of Nevis, Minnesota

Name: _____ Telephone No.: _____
Address: _____
Demolition Property Address: _____
Type of Structure: _____
Approx. Date to Begin: _____ Estimated Completion Date: _____
Utilities On Site: Check (√) all that apply Sewer _____ Water _____ Electric _____
Cable _____ Gas _____ Telephone _____

Note: It is the Owner's or Contractor's responsibility to contact GOPHER STATE ONE CALL at 1-800-252-1166 to notify of the disconnect and to mark any underground utilities on the property.

Will utilities be used for new structure? …… Yes _____ No _____

Note: If water and sewer services are never to be reused, the property owner is responsible for abandoning services according to Minnesota State Plumbing Code and must be inspected by the City of Nevis Public Works Department.

Is there a water well on site? …….. Yes _____ No _____
Is there an underground fuel tank? …… Yes _____ No _____
Demolition Contractor: _____ Telephone No. _____
Address: _____
Liability Insurance Co.: _____ Telephone No. _____
Policy No.: _____
Policy Period From: _____ To: _____ Coverage and Limits: _____
Note: In the event that any ASBESTOS is present in the structure, state-approved methods must be followed.
I hereby declare that I am the owner of the property or the demolition contractor of above described property. I agree to comply with all state regulations and all materials from the demolition will be taken to a state-approved demolition dumpsite. All the foregoing information contained on this permit is a true and correct statement of my intentions.
Signed by Applicant: _____ Date: _____

The Following Section to Be Completed by City Officials

Permit Approved By: _____
Title: _____
Date: _____

The Following Section to be Completed by Public Works/Operator

Water Service …… Disconnected _____ Abandoned _____ Sealed _____ Signed _____

Sewer Service …… Disconnected _____ Abandoned _____ Sealed _____ Signed _____

Electrical Service ……. Disconnected _____ Abandoned _____ Removed __ Signed _____