Permit Fee-\$25.00

Permit No.



Work must be completed within 90 days of permit issuance

Date received at City Hall

PO Box 108, 104 Main St W Nevis, MN 56467 218-652-3866 neviscty@gmail.com

Application for Demolition Permit

	Cation for Den			
ame: Telephone No.:				
Address:				
Demolition Property Address:				
Type of Structure:				
prox. Date to Begin: Estimate				
Utilities On Site: Check ($\sqrt{\ }$) all that apply		Water E		
	Cable	Gas T	elephone	
Note: It is the Owner's or Contractor to notify of the disconn				
Will utilities be used for new structure?	Yes	No	_	
Note: If water and sewer services are never to be red State Plumbing Code and m			-	
Is there a water well on site?	Yes	No		
Is there an underground fuel tank?				
Demolition Contractor:				
Address:				
Liability Insurance Co.:		Telephone	No	
Liability Insurance Co.:		Telephone	No	
Liability Insurance Co.: Policy No.: Policy Period From:		Telephone		
Policy No.: Policy Period From: Note: In the event that any ASBESTO I hereby declare that I am the owner of the proper with all state regulations and all materials from the foregoing information contained on this permit is a	To:	Telephone Covera cucture, state-approved a contractor of above taken to a state-app	nge and Limits:	
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