



City of Le Sueur, MN
Demolition Permit Application
 Commercial \$250, Residential \$150

APPLICANT INFORMATION

| | |
|-----------------|------------------------|
| Name: | |
| Address: | City/State/Zip: |
| Phone: | Email: |

PROPERTY INFORMATION

| |
|----------------------|
| Site Address: |
|----------------------|

CONTRACTOR/DESIGNER/ARCHITECT INFORMATION

| | |
|----------------------|------------------------------|
| Company Name: | Contractor License #: |
| Address: | City/State/Zip: |
| Phone: | Email: |

STRUCTURE INFORMATION

| | |
|--|---|
| Type of Building(s) to be Demolished: | |
| Dimensions of Existing Building(s) (Height/Width/Length): | |
| Construction Type (Wood, Masonry/Other): | Dust Control Plans: |
| Disposal Plans: | |
| Asbestos Present (Yes or No) If Yes, List Contractor Removing Asbestos: | Asbestos Disposal Site Name & Address: |
| Trees on Lot (Yes or No) If Yes, Are You Removing Trees (Yes or No) | Well(s) on Site (Yes or No) If Yes, will Well(s) be Sealed (Yes or No) Licensed Well Contractor Name: |
| Septic on Site (Yes or No) If Yes, will Tanks be Abandoned or Removed? Licensed Pumper Name: | Cistern on Site (Yes or No) If Yes, Must be Filled with Sand & Gravel |
| Abandoning Electric Service (Yes or No) If Yes, Contact Electric Dept. (507) 665-3338 | Abandoning Water & Sanitary Sewer Service (Yes or No) If Yes, Contact Water/Wastewater Dept. (507) 665-9941 |

Continued on Back

NOTES TO APPLICANT

This permit becomes null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work has commenced.

Submittal Checklist:

Completed Permit Application

MPCA Demolition/Renovation Form (Attached)

I have submitted the attached MPCA Demolition/Renovation Form to the MCPA. Date: _____

Plan or Site Survey Indicating:

- Buildings, wells, septic tanks, drain fields, property lines, petroleum tanks and water and sewer services
- Current Building Setbacks

I hereby certify that I have read and examined this application and all statements are true and correct. All provisions of laws and governing ordinances will be complied with whether specified herein or not. The granting of a permit does not give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

Signature of Applicant or Authorized Representative

Date

OFFICE USE ONLY

| | | |
|---|-----------------------|---------------|
| Received By: | Date Received: | Notes: |
| Planning/Zoning Dept. Approval: | Date Approved: | Notes: |
| Water/Wastewater Dept. Approval: | Date Approved: | Notes: |
| Electric Dept. Approval: | Date Approved: | Notes: |
| Permit Fee: | Notes: | |

Submittal Checklist:

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MPCA Demolition/Renovation Form (Attached)

Plan or Site Survey Indicating:

- Buildings, wells, septic tanks, drain fields, property lines, petroleum tanks and water and sewer services
- Current Building Setbacks

Type of notification: Original Amended Project cancellation

Notification must be postmarked or received ten (10) working days before demolition begins. See Item 5 for emergency demolitions. Both start and end dates should be amended in writing as necessary to reflect current project dates.

Submittal: Notifications may be made electronically (preferred) or by paper copy. To submit this form electronically, save the form to your computer and send the form to the Minnesota Pollution Control Agency (MPCA) by using the submit button at the end of the form, or attach the form to an email message, using Demolition/Renovation notification as the subject line to asbestos.demolition.pca@state.mn.us. To submit the form by paper copy, please mail to the Asbestos Program at the address above; or fax to 651-297-1438. If you have any questions, contact the MPCA Asbestos Coordinator Kit Grayson at 218-302-6627.

Demolition contractor

Name of firm or organization: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Contact: _____ Phone: _____ Email: _____

Building owner

Name of owner: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Contact: _____ Phone: _____ Email: _____

Building information

Name of building: _____

Address/Location: _____ County: _____

City: _____ State: _____ Zip code: _____

Contact: _____ Phone: _____ Email: _____

Age of building: _____ yrs Size of building: _____ sq.ft. Number of floors, including basement level(s): _____

Present use of building: _____

Prior use of building: _____

Dates of demolition or intentional burning Start date: _____ End date: _____
mm/dd/yyyy mm/dd/yyyy

Note: If the combined amount of Regulated Asbestos Containing Material (RACM) exceeds 260 linear feet, 160 square feet, or 35 cubic feet in the facility to be demolished, it must be removed by a licensed asbestos contractor prior to demolition. The State of MN-Notice of intent to perform an asbestos abatement project <http://www.pca.state.mn.us/publications/w-sw4-06.doc> must be used to notify for the asbestos removal.

Is nonfriable ACM present in the structure to be demolished? Yes No

Will nonfriable ACM be present in the structure at the time of demolition? Yes No

If **Yes** to both questions above, complete Items 1-9. If **No** to either question, complete Items 3-9.

1. If ACM will be left in place indicate the amount of Category I and/or Category II nonfriable ACM left in place.

Category I: _____ Linear feet
 _____ Square feet
 _____ Cubic feet

Category I nonfriable ACM means asbestos-containing packings, gaskets, resilient floor covering, and asphalt roofing products containing more than one percent asbestos.

Category I nonfriable ACM is not allowed to remain in place for demolition if it is in poor condition.

Category II: _____ Linear feet
 _____ Square feet
 _____ Cubic feet

Category II nonfriable ACM means any material, excluding Category I nonfriable ACM, containing more than one percent Asbestos that, when dry, cannot be crumbled, pulverized, or reduced to a powder by hand pressure. **Category II nonfriable ACM is not allowed to remain in place for demolition if it has a high probability of becoming crumbled, pulverized, or reduced to a powder during demolition, transport, or disposal (e.g., transite, cement, slate roofing).**

2. Description and location of ACM remaining in place (including number of floors and rooms):

3. Company and/or individual that conducted the building inspection and the procedure used to determine the presence or absence of ACM (including analytic method): (Note: Prior to demolition all structures must be inspected by a licensed asbestos inspector who has been certified through the Minnesota Department of Health.)

4. Description of planned demolition and the specific method(s) that will be used:

5. If the demolition was ordered by a government agency, please identify the agency and attach a copy of the order:

Name: _____ Title: _____
Authority: _____
Date of order (mm/dd/yy): _____ Start date (mm/dd/yy): _____

Notification for an emergency demolition must be submitted as early as possible before demolition begins, but not later than the following working day. A demolition is considered an emergency only when the facility has been deemed structurally unsound and in danger of imminent collapse. If the structurally unsound building is known to contain any regulated ACM or is suspected to contain any regulated ACM, special procedures must be followed. If you are unaware of the special procedures, instructions/regulations can be obtained by contacting the MPCA at the phone numbers listed below. Refer to 40 CFR 61.145(a)(3) for additional information.

6. Description of procedure to be followed in the event that unexpected RACM is found or Category II nonfriable ACM becomes crumbled, pulverized or reduced to powder:

7. Waste transporter information:

Transporter name: _____
Mailing address: _____
City: _____ State: _____ Zip code: _____
Contact: _____ Phone: _____ Email: _____

8. Permitted waste disposal site information: *see below for more information

Landfill name: _____
Mailing address: _____
City: _____ State: _____ Zip code: _____
Contact: _____ Phone: _____ Email: _____

9. By typing my name below, I certify that the above information is correct and I am a bonafide representative of the demolition contractor or building owner and have authority to enter into agreements for my employer.

Print name: _____ Title: _____
(This document has been electronically signed.) Date: _____

Important Note: Ensure you are in compliance with Minn. R. 7035.0805 prior to the commencement of renovation/demolition. This rule requires that the following items be removed two days prior to demolition: mixed municipal solid waste; household hazardous waste; industrial or hazardous waste; waste tires; major appliances; items containing elemental mercury, Poly-Chlorinated BiPhenyls (PCBs), and chlorofluorocarbons (CFCs); oil; lead; electronics; and other prohibited items. See MPCA website at http://www.pca.state.mn.us/publications/w-sw4-20.pdf for a Pre-Renovation/Demolition Environmental Checklist Guidance Document to assist with completion of this rule.

*Demolition waste must be disposed of at a permitted solid waste facility. For other disposal option please contact the regional MPCA solid waste compliance/enforcement staff with any questions.