

**APPLICATION FOR DEMOLITION PERMIT  
SCOTT COUNTY, MINNESOTA**

Township or City: _____ Sec. No. _____ Parcel No. _____	Date Received: _____
Project Address: _____	Permit No.: _____
Applicant Name: _____	Receipt No.: _____
Address: _____	Home Phone: _____
Owner (if other than Applicant): _____	Work Phone: _____
Address: _____	Home Phone: _____
Contractor Name: _____	Work Phone: _____
Address: _____	

**You must submit a site drawing showing: All buildings, wells, septic tanks/drainfield, petroleum tanks, property lines and setbacks.**

1. Type of building(s) to be demolished: \_\_\_\_\_  
 Location of disposal site: \_\_\_\_\_
2. Type of construction material: Wood \_\_\_\_\_ Masonry \_\_\_\_\_ Other \_\_\_\_\_
3. Asbestos present in building: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, complete A & B below and notify the State, if required:
  - A. Name of contractor removing asbestos: \_\_\_\_\_
  - B. Facility disposal site: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_
4. Indicate if any of the hazardous materials listed below are present. If Yes, include how they will be managed (use other sheets if needed).  
 Fluorescent lamps and ballasts: Yes \_\_\_ No \_\_\_ \_\_\_\_\_  
 Mercury containing devices (thermostats, switches, appliances, boilers, etc.): Yes \_\_\_ No \_\_\_ \_\_\_\_\_  
 Electrical equipment containing PCBs, including light ballasts, capacitors, and appliances: Yes \_\_\_ No \_\_\_ \_\_\_\_\_  
 Appliances and fire extinguishers containing freon, CFCs, halon, etc.: Yes \_\_\_ No \_\_\_ \_\_\_\_\_  
 Other Hazardous Material (paints, pesticides, batteries, auto or cleaning products, etc.): Yes \_\_\_ No \_\_\_ \_\_\_\_\_
5. Well(s) on site: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, will well(s) be abandoned? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, the name of the Licensed Well Contractor is: \_\_\_\_\_
6. Cistern on site: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, the cistern must be properly disposed/filled as directed by the Env. Health Dept.
7. Septic tanks(s) on site: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, will tank(s) be abandoned? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, complete below:  
 Tanks to be pumped by (licensed pumper name): \_\_\_\_\_  
 A. Tank(s) to be collapsed and filled with (sand, gravel, etc.): Yes \_\_\_\_\_ No \_\_\_\_\_  
 or B. Tank(s) to be removed and disposed at: \_\_\_\_\_
8. City water & sewer: Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, must be properly abandoned.)
9. Underground petroleum storage tank(s) on site: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, will the tanks be used? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If No, the Underground Storage tank(s) must be abandoned in accordance with State rules and regulations.

**I certify under penalty of law that the above information is correct and that I will abide by all federal, state and local requirements, rules and regulations pertaining to building demolition and removal of hazardous materials, including the conditions listed below.**

Owner's Signature _____	Date _____	Contractor's Signature _____	Date _____
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----- COUNTY ENVIRONMENTAL HEALTH USE ONLY -----

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ By Scott County Environmental Health subject to existing regulations and the following conditions:  
**ALL SOLID WASTE MUST BE DISPOSED AT A LICENSED SOLID WASTE FACILITY. NO SOLID WASTE SHALL BE BURNED OR BURIED ON THE SITE.** \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

----- COUNTY BUILDING OFFICE USE ONLY -----

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ By the Scott County Building Official subject to existing regulations and the following conditions:  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments: _____	FEES: Demolition Permit: _____
	State Surcharge _____
	TOTAL FEE _____