



103 Canton Avenue, P.O. Box 517, Montevideo, MN 56265  
Telephone: 320/269-6575 Fax: 320/269-9340

**DEMOLITION PERMIT APPLICATION**

DATE: \_\_\_\_\_

PERMIT NO: \_\_\_\_\_

Property Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Land Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Zoning District: R1  R2  R3  B1  B2  FP  I1  I2  AO

Flood Zone District: A  B  C  D

Description of Proposed Demolition: \_\_\_\_\_

Disposal Site for Demolition Debris: \_\_\_\_\_

Water Department Notified

Street Department Notified

Estimated Start Date: \_\_\_\_\_ Demolition Permit Fee \$ \_\_\_\_\_

Estimated Date of Closure: \_\_\_\_\_ Late Application Fee \$ \_\_\_\_\_

State Surcharge \$ \_\_\_\_\_

Recording Fee \$ \_\_\_\_\_

(Exceptions ONLY)

**TOTAL: \*** \$ \_\_\_\_\_

The undersigned certifies that the above information is correct and agrees to comply with Section 4 of Chapter 1, Title 10 of Montevideo City Code of Ordinances entitled "Demolition of Buildings". The undersigned also agrees to haul debris to a permitted site in compliance with Minnesota Statute.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Building Official Signature

\_\_\_\_\_  
Date

**\* NOTE: Does not include fee for repair of streets, avenues, alleys, sidewalks, boulevards and public utilities damaged during building demolition or water and sewer disconnect.**