

CITY OF SCANDIA

14727 209th St N., Scandia MN 55073 651-433-2274 fax 651-433-5112

Demolition Permit Application

Permit number (assigned by City): _____ Date issued _____

Project Address: _____

PID number or legal description: _____

Owner: _____ Phone _____

Address: _____

General Contractor: _____ State Lic. # _____

Address: _____ Phone _____

Utility Disconnects: Signatures required prior to permit issuance.

Gas: _____ Date: _____

If applicable, natural gas is required to have the gas main capped at the meter and LP must have a locked cover over the shut off.

Electrical: _____ Date: _____

Septic: _____ Date: _____

A receipt from a Septic Pumper is required along with the crushing/filling of the tank(s).

Well Sealing: _____ Date: _____

Sewer and Water: _____ Date: _____

The Homeowners Association, City or Maintenance Company may govern a shared system.

Telephone/cable: _____ Date: _____

Signature: _____ Date: _____

Phone number: _____

FINAL INSPECTION: A final inspection is required when the permitted structures have been demolished and all debris has been cleaned up. The site must be graded allowing for no slopes greater than 4 feet vertical to 1 foot horizontal unless naturally occurring. Provide copy of disposal tickets from approved dump site.

Building Permit Fee \$ _____

Escrow \$ _____

Other \$ _____

TOTAL \$ _____

BUILDING OFFICIAL SIGNATURE: _____