

## ATHENS TOWNSHIP DEMOLITION PERMIT APPLICATION

**NOTICE: THIS IS AN APPLICATION ONLY. PERMIT WILL BE ISSUED AFTER APPROVAL AND PAYMENT OF FEES. WORK IS NOT AUTHORIZED TO BEGIN PRIOR TO ISSUANCE. ~ SUBMIT APPLICATION TO: RUM RIVER CONSTRUCTION CONSULTANTS AT EMAIL ADDRESS ABOVE.**

APPLICANT IS THE:  OWNER  CONTRACTOR

SITE ADDRESS: \_\_\_\_\_

PROPERTY OWNER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

CONTRACTOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

CONTRACTOR STATE LICENSE # \_\_\_\_\_

LEAD CERTIFIED FIRM # \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

*The undersigned acknowledges that he/she has read this application. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the ruling jurisdiction.*

*The undersigned agrees to do all work in conformance with The Minnesota State Building Code and herewith declares that all facts and representations on this application are true and correct. The undersigned agrees to notify the inspections department when ready for inspections.*

BY SIGNING BELOW, I ACKNOWLEDGE MY UNDERSTANDING AND COMPLIANCE. I FURTHER CERTIFY THAT I WILL COMPLY WITH ALL CITY, COUNTY AND STATE ORDINANCES AND LAWS RELATING TO CONSTRUCTION OR DEMOLITION DEBRIS.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

\*OFFICE USE ONLY\*

DATE PAID \_\_\_\_\_ PAYMENT INFO \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

SIGNATURES:

PLANNING \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_

SURCHARGE \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

**PRIMARY USE OF THE BUILDING**

RESIDENCE  COMMERCIAL  INDUSTRIAL  OTHER \_\_\_\_\_

TYPE OF CONSTRUCTION:  WOOD  MASONRY  STEEL  OTHER \_\_\_\_\_

FORMER USE OF BUILDING: \_\_\_\_\_

BUILDING SIZE: \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ SQ FT TOTAL FLOOR AREA

DESIRED START DATE: \_\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_\_

**TYPE OF DISPOSAL**

WHAT IS THE NAME AND LOCATION OF THE LANDFILL?

NAME \_\_\_\_\_ LOCATION \_\_\_\_\_

**SEPTIC TANKS**

ARE THERE SEPTIC TANKS ON SITE?  YES  NO

IF YES, WILL THE TANKS BE ABANDONED?  YES  NO

IF YES, WHO IS THE LICENSED PUMPER PUMPING THE TANKS?

NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_

**CISTERNS**

IS THERE A CISTERN?  YES  NO

IF YES, IT MUST BE REMOVED OR FILLED WITH SAND OR GRAVEL.

**WELLS**

ARE THERE WELLS ON THE SITE?  YES  NO IF YES HOW MANY? \_\_\_\_\_

ARE THE WELLS BEING ABANDONED?  YES  NO IF YES HOW MANY? \_\_\_\_\_

IF YES, WHO IS THE LICENSED WELL CONTRACTOR SEALING THE WELLS?

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL # \_\_\_\_\_ LICENSE # \_\_\_\_\_

**TANKS**

ARE THERE PETROLEUM/HAZARDOUS MATERIAL TANKS ON SITE?  YES  NO

IF YES, WHO IS THE LICENSED CONTRACTOR REMOVING THE TANKS?

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL # \_\_\_\_\_ LICENSE # \_\_\_\_\_

**ASBESTOS**

IS THERE ASBESTOS PRESENT IN THE BUILDING?  YES  NO

IF YES, WHO IS THE ASBESTOS ABATEMENT CONTRACTOR?

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL # \_\_\_\_\_ LICENSE # \_\_\_\_\_

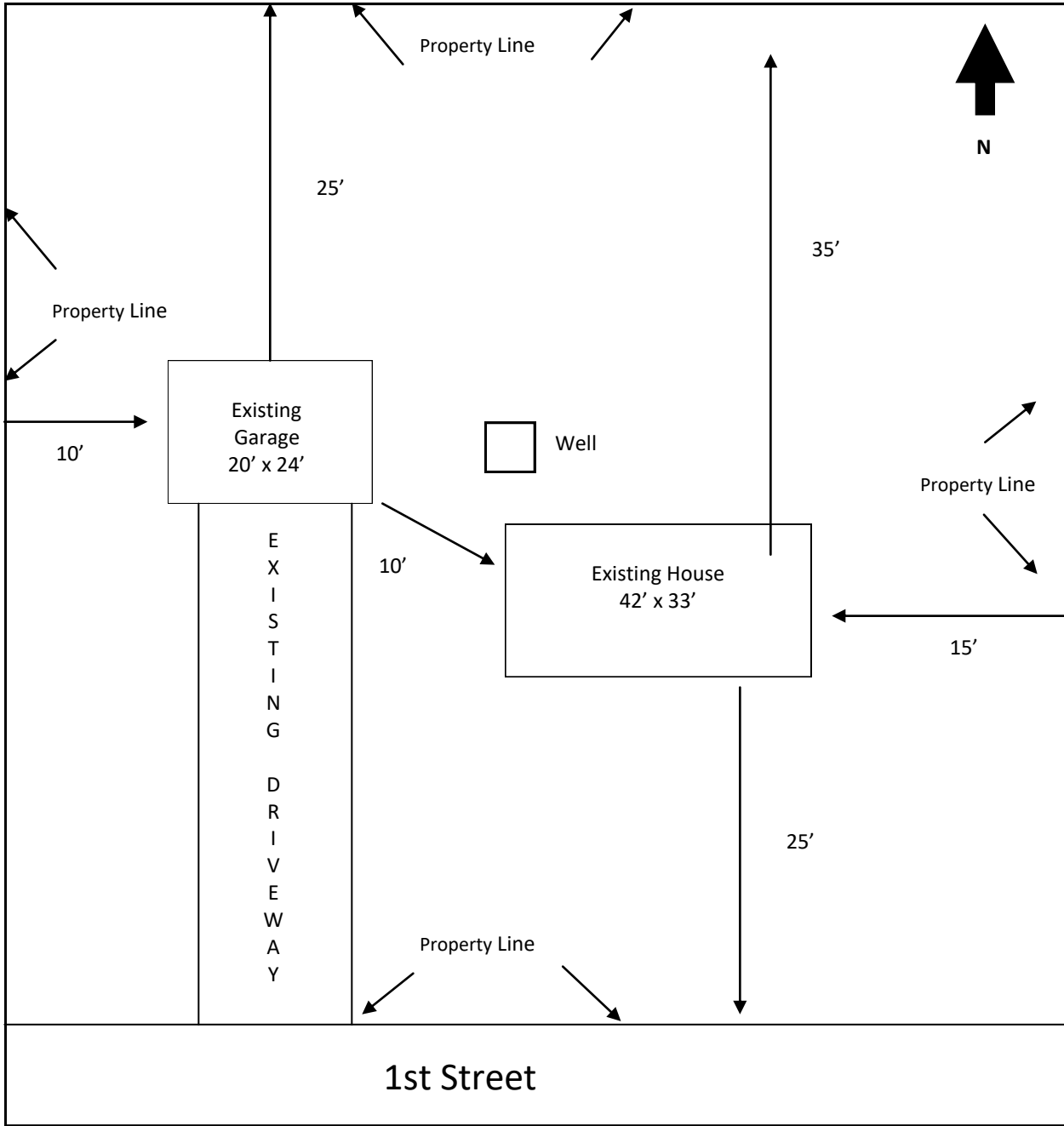
**COMMENTS/ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_

# Demolition Checklist

1. Obtain a demolition permit before commencing any demolition of structures.
2. Check with all utility companies to disconnect services for gas, electric, telephone and cable, etc. Call Gopher State One Call at 1-800-252-1166 prior to digging.
3. Any water well on the property must be capped and sealed per Minnesota Department of Health regulations, Chapter 4725. A copy of the well and boring sealing record must be submitted.
4. All septic systems on the property must be properly pumped. Obtain the pumping permit from the jurisdiction.
5. All septic systems on the property must be properly abandoned per Chapter 7080.2500. Persons who perform work on septic systems must be licensed per Chapter 7083.0700. An SSTS Abandonment Reporting Form must be submitted.
6. Sewer, water connections removed and capped at main to satisfaction of Building Official.
7. Gas service abandoned by Gas Company and all meters removed.
8. Remove all debris including concrete footings, slabs, interior sidewalks, pavers, foundation walls, footings, and basement floor. Fill in, level site and restore grade to match adjoining contours. An erosion control measure must be installed between the site and the street, adjacent waterways, and other properties. All erosion control measures must be maintained until such time that natural vegetation has been established.
9. Hole must be completely filled unless waiver is approved by the Building Official. Waivers may be allowed if a new house is to be rebuilt by evidence of a permit being submitted for a new house.
10. Lot graded and seeded to minimize erosion.
11. Any other items the Building Official deems necessary.
12. Two inspections are required:
  - a. After all debris has been removed but prior to any backfill;
  - b. And after all backfill is in place.

# SAMPLE SITE PLAN

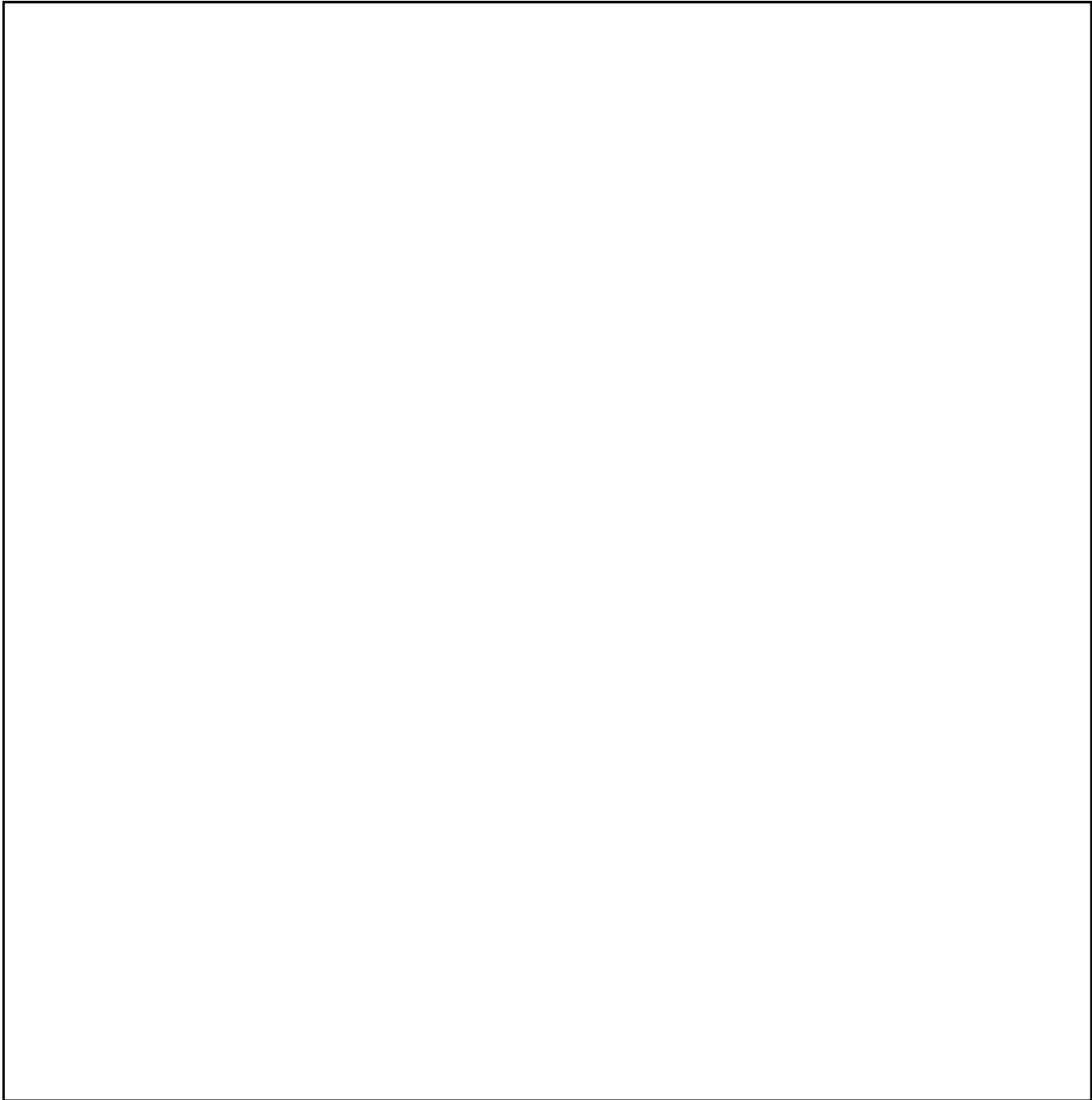


**REQUIRED INFORMATION CAN BE SUBMITTED ON SEPARATE SHEET Check Box when complete:**

- Structure or structures to be demolished
- Property Lines
- SSTS location
- Existing and proposed structures, building footprints and setbacks
- Roads Labeled, access to lot/driveway
- Working and abandoned wells (if applicable)
- Lakes, rivers and wetlands
- North Arrow

DEMOLITION PERMIT SUPPLEMENT

Site Plan Drawing for SITE ADDRESS: \_\_\_\_\_



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# SSTS Abandonment Reporting Form

## Subsurface Sewage Treatment Systems (SSTS) Program

### Instructions

This form is offered to meet the abandonment requirements of Minn. R. 7080.2500 and Disclosure Requirements of Minn. Stat. § 115.55, subd. 6. Future water supply well placement can also be affected by an abandoned SSTS.

The use of this form is not mandatory; however the information on this form must be submitted to the local government unit (LGU) within 90 days after the abandonment. This form may be completed by a certified SSTS practitioner or by an individual who has direct knowledge of how the system was abandoned.

### Property Information

Date of abandonment: \_\_\_\_\_ Reason for abandonment: \_\_\_\_\_

Property owner name(s): \_\_\_\_\_

Property owner's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Site address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Compliance Information

1. All solids and liquids removed from all tanks?  Yes  No

Disposal Site: \_\_\_\_\_

2. All electrical devices and devices containing mercury removed?  Yes  No

Disposal Site: \_\_\_\_\_

3. All underground sewage tanks crushed and filled with soil or rock material?  Yes  No **or**  
 Removed and disposed off site?  Yes  No

Disposal Site: \_\_\_\_\_

4. Contaminated materials\* removed and disposed off site?  Yes  No

Disposal Site: \_\_\_\_\_

5. All underground cavities\*\* crushed and filled with soil or rock material?  Yes  No **or**  
 Removed and disposed off site?  Yes  No

Disposal Site: \_\_\_\_\_

6. Future discharge to system permanently denied?  Yes  No

Method(s) used: \_\_\_\_\_

\*Contaminated materials = Distribution media, soil or sand within three feet of the system bottom, distribution pipes, geotextile fabric/rosin paper/straw, tanks, contaminated soil around leaking tanks, any soil that received sewage from a surface failure (7080.2500 subp.3).

\*\*Underground cavities = Cesspools, leaching pits, drywells, seepage pits, vault privies, pit privies, pump chambers (7080.2500 subp. 1). Does not include chamber media, drop boxes, or distribution boxes.

## Map

Include location of building sewer, septic tank(s), soil dispersal system, cesspools, seepage pits, and other pits. Also include a permanent reference point(s) and dimensions.

↑ North

## Certification

*I hereby certify the system was abandoned in accordance with Minn. R. 7080.2500 and any local requirements.*

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ License # if applicable): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_