

# Athens

TOWNSHIP • MINNESOTA

4150 Olson Memorial Hwy, Suite 320  
Golden Valley, MN 55422  
Phone: (763) 957 – 1100

## Demolition Permit Application

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

**Parcel ID:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Applicant, if different from owner:** \_\_\_\_\_

**Applicant's Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Type of Building Being Demolished:** \_\_\_\_\_

**Location/Type of Disposal:** \_\_\_\_\_

**Burial or Burning?** \_\_\_\_\_

If portions of the structure are proposed to be burned or buried onsite, a permit is required from the MPCA, contact Mark Hugeback at 1-800-657-3864. Provide a copy of the permit.

**Are there septic tanks onsite?** \_\_\_\_\_

If yes, will the tanks be abandoned? \_\_\_\_\_

If yes? Who is the licensed pumper pumping the tanks? \_\_\_\_\_

**Are there wells onsite?** \_\_\_\_\_

If yes, how many? \_\_\_\_\_

Will the wells be abandoned? \_\_\_\_\_

Who is the licensed contractor sealing the wells? \_\_\_\_\_

**Is there a cistern?** \_\_\_\_\_

If yes, it must be removed or filled with sand or gravel

**Are there petroleum or hazardous material tanks on the site?** \_\_\_\_\_

Who is the licensed contractor removing the tanks? \_\_\_\_\_

**Is there asbestos present in the building?** \_\_\_\_\_

Who is the licensed contractor removing it? \_\_\_\_\_

**Comments/Additional Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I hereby certify with my signature that all data contained herein and all supporting data are true and correct to the best of my knowledge:* \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_



PID: \_\_\_\_\_

Permit: \_\_\_\_\_

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**Contractor Information**

*Identify all general contractors and sub-contractors to be performing work on this project:*

|   | <b>Name</b> | <b>Phone</b> | <b>License No.</b> |
|---|-------------|--------------|--------------------|
| <b>General</b>                            |             |              |                    |
| <b>Excavator</b>                          |             |              |                    |
| <b>Asbestos Abatement</b>                 |             |              |                    |
| <b>Septic</b>                             |             |              |                    |
| <b>Well Contractor<br/>(sealing well)</b> |             |              |                    |
| <b>Tank Removal</b>                       |             |              |                    |
| <b>Other:</b>                             |             |              |                    |

I, the undersigned, do hereby agree, in the case that a permit is granted, that all work shall be done and all materials that are used shall comply with the plans and specifications herewith submitted, and with all ordinances and building codes.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please contact the Zoning Administrator or Building Inspector if you have any questions.

Chloe McGuire Brigl, Zoning Admin.  
cmcguirebrigl@nacplanning.com  
(763) 957 – 1100

Scot Rosevold, Building Inspector  
srosevold@hotmail.com  
(763) 389 – 3963

Site Plan:

Site plan shall show all existing structures, proposed structures, sewer systems, wells, and driveways. Include all distances from lot lines, roads, shoreline (if in the shoreland area) and the distance between buildings.

**OFFICE USE ONLY**

|  |                  |
|--|------------------|
| <b>Planning/Zoning Reviewed by:</b>            | Date:            |
| _____ Approved    _____ Denied                 |                  |
| <i>Subject to the following conditions:</i>    |                  |
|  |                  |
| <b>Building Official Review by:</b>            | Date:            |
| _____ Approved    _____ Denied                 |                  |
| <i>Subject to the following conditions:</i>    |                  |
|  |                  |
| <b>Environmental Health Review by:</b>         | Date:            |
| _____ Approved    _____ Denied                 |                  |
| <i>Subject to the following conditions:</i>    |                  |
|  |                  |
| <b>Waste Management (if needed) Review by:</b> | Date:            |
| _____ Approved    _____ Denied                 |                  |
| <i>Subject to the following conditions:</i>    |                  |
|  |                  |
| Fees: _____                                    | Issued by: _____ |
| Fees: _____                                    |                  |
| <b>Total:</b> _____                            | Date: _____      |