



Community Development Department
4001 West River Parkway, Suite 100
Rochester, MN 55901-7090
Phone: 507-328-2600
Email: buildingsafety@rochestermn.gov
www.rochestermn.gov/cd

DEMOLITION Permit Application

Office Use Only
App. No. _____

Date _____ Tenant/Building Name _____

Site Address _____

Number	Street	Suite/Unit No.
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Subdivision and/or Addition	Block	Lot	Plat	Parcel

Applicant is: Owner Contractor Other (describe) Project is: Commercial Residential

Property Owner	Company _____
	Phone _____ - _____ - _____ E-mail _____
	Name _____ Last First MI
	Address _____
	City _____ State _____ Zip Code _____

Contractor	Company _____ Contractor License _____
	Phone _____ - _____ - _____ E-mail _____
	Name _____ Last First MI
	Address _____
	City _____ State _____ Zip Code _____

Type of Structure	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Garage
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Permit Type	<input type="checkbox"/> R645 (1-family dwelling) <input type="checkbox"/> R647 (3 & 4-unit building) <input type="checkbox"/> R649 (all other structures) <input type="checkbox"/> R646 (2-family dwelling) <input type="checkbox"/> R648 (5+ units building)
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Other Information	Description of Work _____ _____
	Number of dwelling units _____ Total Valuation of Work \$ _____

Method of Payment:

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash	<input type="checkbox"/> Trust Account
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I hereby apply for a building permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and Rochester Code of Ordinances Chapter 10-2, Sections 10-2-6 – 10-2-9. I understand this is not a permit but only an application for a permit, and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions.

Applicant's Signature

Date

Structures without utilities do not need to complete the items in this box.

DEPARTMENT REVIEWS: [These must be signed off before Zoning and Building Safety sign off.]

RPU Electric Division Comments _____

Signature _____ Date _____

RPU Water Division Comments _____

Signature _____ Date _____

Rochester Public Works Comments _____

Signature _____ Date _____

Minnesota Energy Resources Corp.
(gas company) Comments _____

Signature _____ Date _____

OLMSTED COUNTY PLANNING

Well & Septic Comments _____

Signature _____ Date _____

Inspector

NOTE: There may be a separate charge for well & septic inspection. This fee is collected at the Olmsted County Planning Department.

ZONING REVIEW COMMENTS

Site Plan Zoning District _____ Flood Protection Required _____
 Surveyor's Certificate Flood District _____ Flood Protection Elev. _____

Comments: _____

Final Zoning Review Required Yes No

Zoning Approved by: _____ Date: _____

Zoning Examiner signature

BUILDING SAFETY COMMENTS

Comments: _____

Permit Approved by: _____ Date: _____

Building Safety Examiner signature