

City of Spicer
P.O. Box 656
Spicer, MN 56288
320-796-5562
320-796-2044 (fax)

For City Use Only:
Demolition Permit #: _____
Date Received: _____
Date Paid: _____

Application for Demolition Permit

Demolition Property Address:		Parcel ID:
Owner's Name:		
Owner's Address:		
Owner's Telephone #:		
Type of Structure:		
Demolition Contractor Name:		License #:
Demolition Contractor's Address:		Demolition Contractor's Phone #:
Liability Insurance Company:	Liability Insurance Company Phone Number:	Policy Number:
Policy Period:	Coverages and Limits:	

Approx. Date to Begin: _____

Approx. Date of Completion: _____

Utilities on Site (circle): Sewer Water Electric Cable Gas Telephone

Existing utilities used for new structure

(circle): Use Terminate

Water well on site: Yes No

Water well to be capped: Yes No

Is there an underground fuel tank? Yes No

Remove underground tank: Yes No

I hereby declare that I am the owner, or demolition contractor of the above described property, and agree that all materials from demolition will be taken to a State approved demolition dump site. I understand that issuance of a permit and inspections conducted do not constitute a guarantee or warranty from the City. I hereby agree to do all the work in accordance with the ordinances of the City of Spicer, state building code, and the requirements of the building department. I have provided the City with a Certificate of Insurance. If water and sewer services are not to be reused, they will be terminated at the main. All the foregoing information contained on the permit is a true and correct statement of my intentions.

Applicant Signature

Date:

To be completed by City

Permit Approved by:

Date: