



City of Le Sueur, MN
Demolition Permit Application
 Commercial \$250, Residential \$150

APPLICANT INFORMATION

Name:	
Address:	City/State/Zip:
Phone:	Email:

PROPERTY INFORMATION

Site Address:

CONTRACTOR/DESIGNER/ARCHITECT INFORMATION

Company Name:	Contractor License #:
Address:	City/State/Zip:
Phone:	Email:

STRUCTURE INFORMATION

Type of Building(s) to be Demolished:	
Dimensions of Existing Building(s) (Height/Width/Length):	
Construction Type (Wood, Masonry/Other):	Dust Control Plans:
Disposal Plans:	
Asbestos Present (Yes or No) If Yes, List Contractor Removing Asbestos:	Asbestos Disposal Site Name & Address:
Trees on Lot (Yes or No) If Yes, Are You Removing Trees (Yes or No)	Well(s) on Site (Yes or No) If Yes, will Well(s) be Sealed (Yes or No) Licensed Well Contractor Name:
Septic on Site (Yes or No) If Yes, will Tanks be Abandoned or Removed? Licensed Pumper Name:	Cistern on Site (Yes or No) If Yes, Must be Filled with Sand & Gravel
Abandoning Electric Service (Yes or No) If Yes, Contact Electric Dept. (507) 665-3338	Water and/or Sanitary Sewer Service to structure (Yes or No) If Yes, Contact Water/Wastewater Dept. (507) 665-9941

Continued on Back

NOTES TO APPLICANT

This permit becomes null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work has commenced.

Submittal Checklist:

Completed Permit Application

MPCA Demolition/Renovation Form (Attached)

I have submitted the attached MPCA Demolition/Renovation Form to the MCPA. Date: _____

Plan or Site Survey Indicating:

- Buildings, wells, septic tanks, drain fields, property lines, petroleum tanks and water and sewer services
- Current Building Setbacks

I hereby certify that I have read and examined this application and all statements are true and correct. All provisions of laws and governing ordinances will be complied with whether specified herein or not. The granting of a permit does not give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

Signature of Applicant or Authorized Representative

Date

OFFICE USE ONLY

Received By:	Date Received:	Notes:
Planning/Zoning Dept. Approval:	Date Approved:	Notes:
Water/Wastewater Dept. Approval:	Date Approved:	Notes:
Electric Dept. Approval:	Date Approved:	Notes:
Permit Fee:	Notes:	

Submittal Checklist:

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