



1245 W Hwy 96 \* Arden Hills MN 55112  
 Phone 651.792.7800 \* Fax 651.634.5137  
 Email: [CD@cityofardenhills.org](mailto:CD@cityofardenhills.org)

Permit # \_\_\_\_\_

# DEMOLITION PERMIT APPLICATION

**(Demo Entire Structure Only)**

**Licensing Requirements:** Residential contractors must provide a copy of their current state license, or hold a current City contractor's license. Commercial Contractors must be city licensed, annually.  
**City Requirements: \*\*Proof of property ownership of lot required prior to permit approval\*\***

**Property Information**

Property Address:		Bldg./Suite/Location (commercial projects only):	
Owner Name:		Owner Phone Number:	
<b>**See above city requirements**</b>			
Email Address:	City:	State:	Zip:

**Applicant/Contractor Information**

<b>Applicant Type:</b> Primary Owner (Owner Affidavit Form Required)	Contractor; License # _____	<i>For Office Use Only Verified</i>	
Company Name (contractors only):	Company Email Address:		
Mailing Address:	City:	State:	Zip:
Contact Name:	Contact Phone Number:	Contact Cell Number:	

Property Use	Construction Type	Type of Work
Commercial Public Single family	Demo Structure	Demo Structure Other* (complete Describe Work section)

**Project Details – Interior Demo Only – Use Building Permit (No Plan Required)**  
 Please note applicant must call for a final inspection on all demolition activities.

Describe Work:			
List All Special Approvals (i.e. variances, CUP's, etc.) or Details of this Project:	Expected Completion Date:		
Proposed Structure Details:			
Width:	Height:	Length:	Total New Sq.Ft.:

**The MPCA Demo form must also be completed and sent to Ramsey County Public Health for their records.  
 Please fax to 651-266-1177 or email to [mindy.stepnick@CO.RAMSEY.MN.US](mailto:mindy.stepnick@CO.RAMSEY.MN.US) phone #651-266-1186**

**Note: Sewer and water must be disconnected before any demolition commences.  
 Permits and inspections, water meter removal required PRIOR to demolition of structure.**

**IMPORTANT NOTICE:** This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. By signing this application, you hereby certify that you have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. Applicant takes full responsibility for all work performed. Applicant is responsible for all plan check fees if permit is cancelled or withdrawn.

<b>FEES</b>	<b>Permit Fee</b>	\$ 100.00
	<b>State Surcharge</b> - Fixed fee \$1.00	\$ 1.00
	<b>Residential License Check Fee \$5</b> - state licensed contractors only	\$
	<b>Escrow required and Escrow form filled out. (separate check required)</b>	\$2,000.00
	Permit fee to be paid SEPERATE from escrow	
<b>TOTAL PERMIT FEE</b> ▶ (Min. Permit Fee \$100 + surcharge)		<b>\$</b>

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only – Planner Review**

<u>SAC Credits Assigned</u>	<input type="checkbox"/> copy utility billing	<u>Permit #</u>	<u>Date Paid</u>	<u>Receipt #</u>
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