

City of Sandstone
 119 Fourth Street
 P O Box 641
 Sandstone, MN 55063
 320-245-5241 (Fax) 320-245-5502

Demolition Permit Application

1) SITE INFORMATION						(Do not write in shaded areas)	
Project Address: Include Building or Suite No. Project address				Date Applied	Permit No. (City Use Only)		
Lot No.	Block No.	Subdivision Name		Parcel No. (Required) R 45. _____	Fee	\$	
Owner Name				New Use	Surcharge	\$1.00	
Mailing Address of Owner				Existing Use			
City	State	Zip	Telephone	Total Fee	\$		
2) PROJECT DESCRIPTION (Each type of work is a separate and fee)							
Description of Work					Construction Value NA		
<input type="checkbox"/> Garage demo \$24	Landfill where debris is hauled				Code		
<input type="checkbox"/> House demo \$59							
<input type="checkbox"/>					Type of Construction		
<input type="checkbox"/>					Occupancy Type		
General Contractor			Plumber Phone #	Bond #	Sprinklers		
other Contractor			other Phone #	Bond #	Project Code		
3) CONTRACTOR INFORMATION							
Contractor Name							
Address			City	State	Zip	Telephone	
Licensed Contractor's Declaration: I hereby affirm that I am licensed under provisions of Minnesota Statute 326.84. BC Lic # _____							
Signature		Title			Date		
4) OWNER/BUILDER DECLARATION							
I hereby affirm that I am exempt from the State Contractor's License Law: I am building or improving my property by myself. I claim to be exempt from the State License requirements because I am not in the business of building on speculation or for resale and this is the first residential structure that I have built or improved in the past 24 months. (Owner / Builder must also file "Property Owner Waiver" if the contractor's license number is not listed on this application.)							
Signature		Print Name			Date		
5) APPLICANTS SIGNATURE (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Authorized Agent							
I hereby certify that I have read this application and state that the above information is correct and that I am the owner or the duly authorized agent of the owner. I agree all work will comply with all ordinances and codes of the City, the State of Minnesota and rulings of the building department. I hereby authorize representatives of the City to enter upon the above-mentioned property for inspection purposes. I understand the issuance of a permit and the inspections conducted does not constitute any sort of guarantee from the city that the structure is in perfect compliance with the State Building Code. A homeowner may procure the services of a private inspector if they desire additional protection.							
Signature		Print Name			Date		
Office use only							
Approved By:					Date		