

APPLICATION FOR DEMOLITION PERMIT

CITY OF NICOLLET

Return all forms to: City of Nicollet
Building Department
401 Pine Street
P.O. Box 547
Nicollet, MN 56074

Phone: (507) 232-3474

Email: citynic@hickorytech.net

Office Use Only	
Building Permit No.	_____
Date Received:	_____
Forwarded to Utilities	_____
Demolition Permit Fees	
Demo Permit	\$ _____
Excavation Fee	\$ _____
Surcharge Fee	\$ _____
Total Permit Fees	\$ _____

Applicant must fill out all information on this form that is applicable to the project - Please Type or Print

SECTION 1- DIRECTORY INFORMATION

Project Street Address: _____ Zoning District: _____
City Pin Number: _____ Lot No. _____ Block No. _____
Addition: _____
Owners Name: _____ Phone: _____
Address: _____ Email: _____
Contractor: _____ Phone: _____
Address: _____ Email: _____
Excavator Contractor: _____ Phone: _____
Address: _____

SECTION 2- DESCRIPTION OF DEMOLITION

SECTION 3 - NOTIFICATION OF GOPHER STATE FOR EXCAVATION

Minnesota Statute Chapter 216D requires that the EXCAVATOR must call Gopher State One-Call, Inc, at 1-800-252-1166 at least 48 hours before beginning any excavations. It is important to avoid striking any underground utility, telephone, cable television or water and sewer lines. Hand digging is required when excavating within 10 feet of the markings.

IMPORTANT: If any gas meters need to be moved, contact Centerpoint Energy at 800-245-2377

If electrical wires are above ground, contact the Xcel Energy at 800-958-4999.

If any water meters need to be moved, contact the City of Nicollet at 507-232-3474.

SECTION 4 - APPLICANT/OWNER SIGNATURE

I hereby certify that I have completed, read and examined this application and know the same to be true and correct, I accept responsibility for compliance with all applicable laws, notifications, and city provisions. The granting of this permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

Applicant' Signature _____ Date _____

Applicant's Name - Printed _____

Address _____

SECTION 5 - APPROVAL BY BUILDING OFFICIAL

Authorized Approval Signature _____ Date _____

For Inspections, Please Contact 101 Development Resources, Inc.

PO Box 22, Arlington, Mn 55307

Ph: 320-226-5189 Email: dri101@live.com