

## CITY OF AFTON DEMOLITION PERMIT APPLICATION

Owner	Address	City	State	Zip	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant (if different than owner)	Address	City	State	Zip	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Address		<b>AFTON</b>	<b>MN</b>	<b>55001</b>	
Zoning Classification	Existing Use of Property	PID# or Legal Description			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Description of Request					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
By signing this application, the applicant agrees to pay all expenses incurred by the City of Afton. In connection with this request, your signature constitutes permission for a representative of the City of Afton to enter your property, during business hours, to evaluate this request. This may involve minor excavating or soil borings. If you would like to be present during this evaluation, please contact the City.					
Signature of Owner/Applicant			Date		
<input type="text"/>			<input type="text"/>		
Make checks payable to: <b>City of Afton</b>					
<b><u>FEES:</u></b>		<b><u>ESCROW:</u></b>			
Demolition	\$110	\$250.00	TOTAL:	<input type="text"/>	
			DATE PAID:	<input type="text"/>	
			CHECK #:	<input type="text"/>	
			RECVD. BY:	<input type="text"/>	
<b>ATTACH COPY OF DEED OR PROOF OF OWNERSHIP TO APPLICATION</b>					

I understand and hereby agree that the work for which the permit is issued shall be performed according to the following: (1) the conditions of the permit, (2) the approved plans and specifications, (3) the applicable city approvals, ordinances and codes, and (4) the state building code.

I understand that the permit will expire if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 anytime after work has commenced; and that I am responsible for ensuring that all required inspections are requested in conformance with the state building code.

CITY OF AFTON  
**Demolition Checklist**

<b>Rec'd by City</b>	<b>ALL ITEMS REQUIRED UNLESS OTHERWISE NOTED</b>	<b>Staff Review</b>
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**Initials / Date**

**Initials / Date**

_____	Proof of Ownership	_____
_____	Site plan (drawn to scale)	_____
_____	Lead Paint requirements for Homeowners	_____
_____	Lead Paint requirements for Contractors	_____
_____	Asbestos Removal/Containment requirements	_____

<b>Routed to:</b>	<b>FOR CITY OFFICE USE</b>	<b>Completed by:</b>
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**Initials / Date**

**Initials / Date**

_____	Building Inspector Review	_____
_____	Zoning Administrator Review	_____
_____	Application complete: Applicant Notified	_____