

CITY OF VESTA

150 Front Street West PO Box 7
City Clerk Office
(507) 762-3140 FAX (507) 762-3069

PERMIT NUMBER

For office use only

DEMOLITION / MOVING PERMIT

PRINT OR TYPE APPLICATION

Site Information

Address _____ Suite/Unit Number _____
Lot _____ Block _____ Subdivision _____
Tenant/Building name _____

Demolition Description **Move Description**

Proposed starting date _____ Completion Date _____

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Single Family Detached | <input type="checkbox"/> 3&4 Family Residential | <input type="checkbox"/> Industrial Building | <input type="checkbox"/> Public School |
| <input type="checkbox"/> Single Family Attached | <input type="checkbox"/> 5 & More Residential | <input type="checkbox"/> Hospital/ Retail Store | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Residential Garage | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Church/Religious Bldg | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Residential Addition/Porch | <input type="checkbox"/> Office/Bank/Professional | <input type="checkbox"/> Pools | <input type="checkbox"/> Other Demolition |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Recreation/Amusemen |
| <input type="checkbox"/> Residential Deck/Shed | <input type="checkbox"/> Office/Warehouse | <input type="checkbox"/> Other Nonresidential Bldg | <input type="checkbox"/> t |

Additional Description _____

Valuation

Applicant is

Owner Contractor

Contractor Information

Company name _____ MN Contractors
License# _____
Address _____ City _____ State _____ Zip _____
Contact person name _____ Phone _____
Cell _____ Fax _____ Email _____

Owner Information

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell _____ Email _____

Moving Permit Requirements

- Destination of structure _____ Move date _____
- Attach map and description of moving route
- Survey with grade elevations at each lot corner, grade elevations at each corner of the existing foundation, elevation at top of entry floor.

Contractor Initial

Owner Initial

CONDITION OF PERMIT: Property must be restored within 30 days of building move – utilities abandoned at the property line with a permit, foundation demolished with a separate permit, debris removed, demolition excavation filled to match adjacent grade and seed or sod placed and maintained at disturbed areas. OR A permit must be issued for a new structure within 30 days of the building move.

Demolition Permit Requirements

Sewer and Water disconnected. Permit number _____ Approved by _____ Date _____

Fire Dept burning permit if applicable. Permit Number _____ Approved by _____ Date _____

Survey with grade elevations at each lot corner, grade elevations at each corner of the existing foundation, elevation at top of entry floor.

Contractor Initial

Owner Initial

CONDITION OF PERMIT: Property must be restored within 30 days of building move – utilities abandoned at the property line with a permit, foundation demolished with a separate permit, debris removed, demolition excavation filled to match adjacent grade and seed or sod placed and maintained at disturbed areas. OR A permit must be issued for a new structure within 30 days of the building move.

Applicant Signature

I hereby apply for a permit and attest to the following:

- * All information on this application is complete and accurate.
- * All work will comply with Conditions of Permit, Vesta City Code and Minnesota State Building Code.
- * I understand this is an application only, not a permit. Work will not start without an approved permit.
- * All work will be done according to plans approved by the City of Vesta when approved plans are required.
- * Erosion and sediment control, when applicable, will be installed before starting work.

Applicant's signature _____ Date _____

Applicant's printed or typed name _____

Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant

I understand the State of Minnesota requires residential contractors, residential remodelers and residential roofers be licensed to work in the State unless they qualify for a specific exemption from the licensing requirements. By signing this statement, I certify that I am building or improving this dwelling myself. I claim to be exempt from state licensing requirements because I am not in the business of building on speculation or for resale. I certify I have not built or improved any other residential structures in the State within the past twelve months. I also acknowledge that, because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under MS 514.01.

I further acknowledge I may be hiring independent contractors to perform certain aspects of the improvements on this dwelling, and I understand some of these contractors may be required to be licensed by the State. I understand unlicensed residential contracting, residential remodeling and residential roofing activity is a misdemeanor under Minnesota law, and I forfeit my rights to reimbursement from the Contractors Recovery Fund in the event any contractors I hire are unlicensed.

Homeowner's signature _____ Date _____

Homeowner's typed or printed name _____

Contact the Minnesota Department of Commerce, Enforcement Division to determine if a contractor is licensed or exempt or to check on contractor status. Metro: (651) 296-2594, Outstate: 1 (800) 657-3602, www.commerce.state.mn.us/mainbc.htm

Approvals

for office use only

Building Inspections Dept
By _____ Date _____

Planning Dept
By _____ Date _____

Engineering Dept
By _____ Date _____

Fire Dept
By _____ Date _____

Police Dept
By _____ Date _____

Fees

for office use only

Fixed permit fee	Yes	No	_____
Permit fee (by value)	Yes	No	_____
State surcharge	Yes	No	_____
Investigation fee	Yes	No	_____
_____			_____