

**DEMOLITION PERMIT APPLICATION**City of Anoka · 2015 First Ave. No. · Anoka, MN 55303
Phone 763-576-2720 · Fax 763-576-2727**INCOMPLETE APPLICATION WILL NOT BE ACCEPTED!**

SITE ADDRESS: _____

LEGAL DESCRIPTION: LOT _____, BLK _____, _____

PROPERTY ID # _____

OWNER: _____ PH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

APPLICANT: _____ PH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PRIMARY USE OF THE BUILDING: Residence: _____ Commercial: _____ Industrial: _____ Other: _____

TYPE OF DISPOSAL: (Demolition and off site disposal is required.) What is the name and location of the landfill?

Name: _____ Location: _____

SEPTIC TANKS: Are there septic tanks on site? YES _____ NO _____, if yes, will the tanks be abandoned? YES _____ NO _____,

If yes, who is the licensed pumper pumping the tanks? NAME: _____ LICENSE # _____

CISTERNS: Is there a cistern? YES _____ NO _____, if yes it must be removed or filled with sand or gravel.

WELLS: Are there wells on the site: YES _____ NO _____, if yes how many? _____. Are the wells being abandoned?

YES _____ NO _____, if yes who is the licensed Well Contractor sealing the wells? NAME: _____

ADDRESS: _____ PHONE: _____ LICENSE #: _____

TANKS: Are there petroleum/hazardous material tanks on site: YES _____ NO _____, if yes who is the licensed contractor

removing the tanks? NAME _____ PHONE: _____ LICENSE # _____

ASBESTOS: Is there asbestos present in the building? YES _____ NO _____, If yes who is asbestos abatement contractor:

NAME: _____ PHONE: _____ LICENSE #: _____

COMMENTS/ADDITIONAL INFORMATION: _____

I hereby certify with my signature that all data on this application form and site plan are true and correct to the best of my knowledge

Name (please print) _____ X _____

SIGNATURE OF APPLICANT

DATE OF APPLICATION

OFFICE USE ONLY

stamp

Planning approval _____ By _____ Date _____

Building approval _____ By _____ Date _____

Conditions/comments: _____

PERMIT FEES

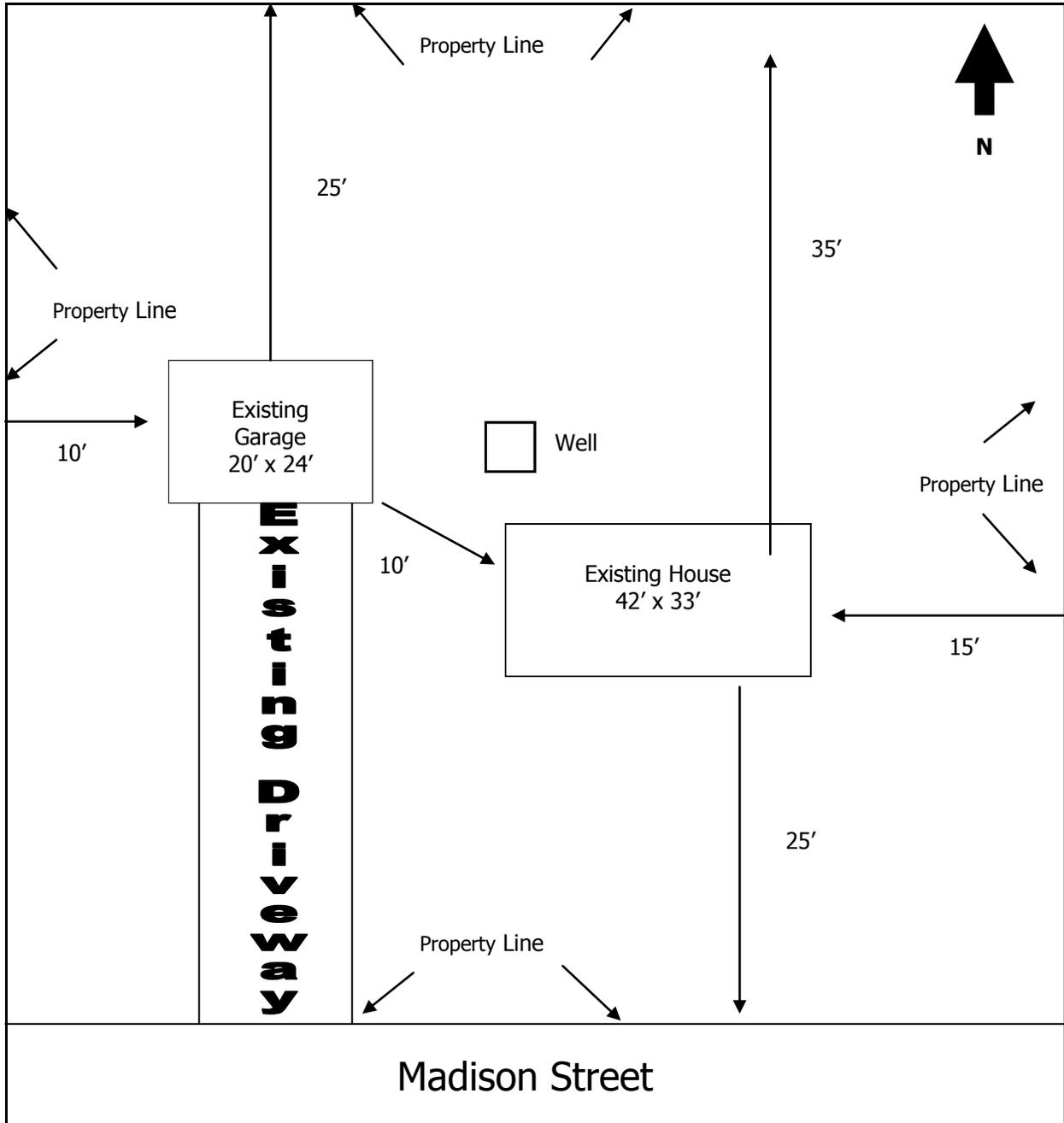
Permit Fee \$ _____

Escrow Fee \$ _____

Surcharge \$ _____

TOTAL \$ _____

SAMPLE SITE PLAN

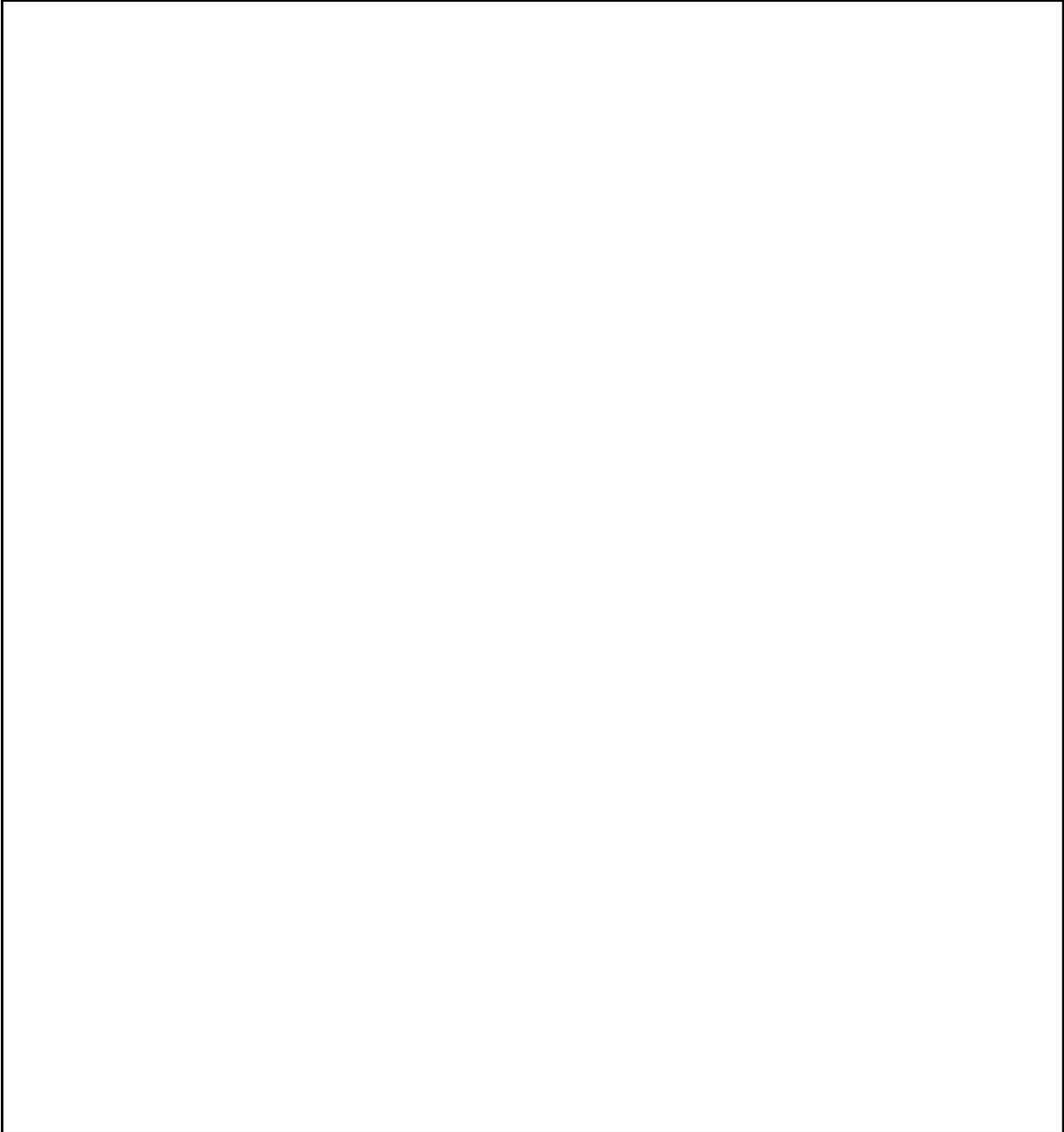


REQUIRED INFORMATION CAN BE SUBMITTED ON SEPARATE SHEET

Check Box when complete:

- Structure to be demolished
- Property Lines
- Existing and proposed structures, building footprints and setbacks
- Roads Labeled, access to lot/driveway
- Working and abandoned wells (if applicable)
- Lakes, rivers and wetlands
- North Arrow

DEMOLITION PERMIT SUPPLEMENT
Site Plan Drawing



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Demolition Permit Final Checklist

In order for the escrow to be returned the following must be completed and checked off by necessary departments:

1. Hole must be completely filled unless waiver is approved by the Planning Director. Waivers may be allowed if a new house is to be rebuilt by evidence of a permit being submitted for a new house.
2. Lot graded and seeded so that it can be completely mowed.
3. All branches, stumps, clotheslines, posts, etc. must be removed.
4. All concrete footings, slabs, interior sidewalks, pavers, etc. must be removed.
5. Driveways must be removed if the garage is also demolished. If the garage remains, the driveway may also remain.
6. Sewer, water connections removed and capped at main to satisfaction of the city of Anoka Water and Sewer Department.
7. Gas service capped by Gas Company and all meters removed.
8. Property shall be in compliance with all application city codes, specifically related to nuisance, property maintenance, and zoning.
9. Any other items the Building Official deems necessary.

City of Anoka Building Department
2015 First Avenue North
Anoka, Minnesota 55303
Phone: 763-576-2700 Fax: 763-576-2727

