



Demolition Permit Application

Community Development Department

Building Inspections Division

5200 85th Avenue North / Brooklyn Park, MN 55443

Phone: (763) 488-6379 / Fax: (763) 493-8171

6/17 www.brooklynpark.org

GOVERNMENT DATA PRACTICES ACT - TENNESSON WARNING:

The data you supply on this form will be used to process the permit you are applying for. You are not legally required to provide this data, but we will not be able to process the permit without it. The data will constitute a public record if and when the permit is granted.

Site Address: _____ Date: _____

Contractor/Applicant Name: _____ License # _____

Applicant is: Owner _____ Contractor _____ Other _____

Address: _____ Phone # _____

Property Owner: _____

Address: _____ Phone # _____

Utility Cut Offs: All applicable **must** be signed prior to permit issuance. Estimated Completion Date: _____

Gas: _____ Date: _____

Power: _____ Date: _____

Sewer: _____ Date: _____

Water: _____ Date: _____

Septic: _____ Date: _____

Well Sealing: _____ Date: _____

Underground Tanks: _____ Date: _____

Computation of Fees:	\$Amount / Fee	Subtotal
Residential Structure	\$150.00	\$ _____
Commercial Structure	\$150.00	\$ _____
Accessory Structure	\$ 50.00	\$ _____
State Surcharge:	\$1.00	\$ 1.00
Total		\$ _____

Payment method: Cash Check Credit Card

I hereby apply for a demolition permit and I acknowledge that the information above is complete and accurate; that the work will be done in accordance with the ordinances of the City of Brooklyn Park and with the Minnesota State Building Code; that I understand this is not a permit but an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plans, specifications and codes.

Applicant Email Address Required: _____

Print Name _____ Signature _____

Email Address Required: _____

Office Use: Required Inspections: Site _____ Final _____ Investigation Fee\$ _____

Approvals:

Fire _____ Health _____ O&M _____ Planning _____ Engineering _____ Utility Billing _____ Assessing _____

Permit Approved By: _____ Date: _____ Permit # _____