

Date Received: _____

PERMIT NO: _____

**APPLICATION FOR BUILDING PERMIT
DEMOLITION
CITY OF KASSON, MINNESOTA**

Applicant: _____	Phone No.: _____
Address: _____	
Contractor: _____	Phone No: _____
State License No: _____	
Building Site Location/New Address: _____	
Structure to be demolished: _____	

PLEASE REFER TO THE FEE SCHEDULE FOR DEMOLITION DEPOSITS.

**THE ATTACHED ITEMS ARE CONDITIONS
FOR PERMIT ISSUANCE FOR DEMOLITION.**

STRICT COMPLIANCE IS MANDATORY.

Call CMS for information and inspections at 507-282-8206

Jay Kruger
CMS Building Official

I hereby declare that I am the Owner, or authorized agent of the owner of the above described property and I agree to construct the building or use herein described in accordance with the regulations and ordinances that govern said improvement within the City of Kasson and that the foregoing information contained on this permit is a true and correct statement of my intentions.

Date: _____ Signed by Applicant: _____

Please Print Name: _____

=====

APPROVED BY: _____ DATE: _____

Total Amount Due: \$ 250.00

Deposit Amount: \$2500.00

BUILDING PERMIT APPLICANT: PROPERTY OWNER

I, _____ (print name) understand that the State of Minnesota requires that all residential building contractors, remodelers and roofers obtain a state license unless they qualify for a specific exemption from the licensing requirements. This license requirement applies to owners of residential real estate who build or improve such property for purposes of speculation or resale.

By signing this document, I attest to the fact that I am improving this house for my own use and am not building or improving this house for the purpose of reselling it. I hereby claim to be exempt from the state licensing requirements because I am not in the business of building or remodeling on speculation or for resale and that the house for which I am applying for this permit, located at _____ is the first residential structure I have built or improved in the past 24 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 Minn. Stat. §514.01.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this house and I understand that some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting, remodeling, and/or roofing activity is a misdemeanor under Minn. Stat. §326B.082, subd.16 and can also result in a fine of up to \$10,000. I further state that I understand that the filing of a false statement with the City of Kasson may also result in criminal prosecution and/or civil penalties pursuant to applicable city/township ordinances and/or state statutes.

I have also been informed and acknowledge that by listing myself as the contractor for this project, I alone will be responsible to the City of Kasson for compliance with all applicable building codes and city/township ordinances in connection with the work being performed on this property.

Name (signature)

Date

For questions or information on contractor licensing, or to check the licensing status and enforcement history of a particular contractor, call the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division, at (651) 284-5069. The Web site is: www.doli.state.mn.us/contractor



Minnesota Pollution Control Agency Notification of Intent to Perform a Demolition

Type of Notification: Original Amended Project Cancellation

Demolition Contractor:

Name: _____
Address: _____

City, State, Zip: _____
Contact Person: _____
Phone Number(s): _____

Building Owner:

Name: _____
Address: _____

City, State, Zip: _____
Contact person: _____
Phone Number(s): _____

Building Information:

Building Name: _____
Address/Location: _____
City, State, Zip: _____
County: _____
Phone Number(s): _____
Age of Bldg. (years): _____ Size of Bldg. (sq. ft.): _____
Number of Floors Including Basement Level(s): _____
Present Use of Bldg.: _____
Prior Use of Bldg.: _____

Dates when demolition or intentional burning will Begin _____ & End _____

Notification must be postmarked or received ten (10) WORKING days before demolition begins. *See item #5 for emergency demolitions. Both Beginning and Ending dates should be amended in writing as necessary to reflect current project dates.

If there is >260 linear feet or >160 square feet of Regulated Asbestos-Containing Material (RACM) in the building to be demolished, it must be removed by a licensed asbestos contractor prior to demolition. The State of MN- Notice of Intent to Perform an Asbestos Abatement Project must be used to notify for the asbestos removal.

Is nonfriable ACM present in the structure to be demolished ? YES NO

If YES complete items 1-9. If NO complete items 3-9.

1. IF ACM will be left in place for the demolition indicate the amount of Category I and/or Category II nonfriable ACM left in place.

Categ. I _____ Linear Feet
_____ Square Feet
_____ Cubic Feet

Categ. II _____ Linear Feet
_____ Square Feet
_____ Cubic Feet

Category I nonfriable ACM means asbestos-containing packings, gaskets, resilient floor covering, and asphalt roofing products containing more than one percent asbestos.

*Category I nonfriable ACM is not allowed to remain in place for demolition if it is in poor condition.

Category II nonfriable ACM means any material, excluding Category I nonfriable ACM, containing more than one percent Asbestos that, when dry, cannot be crumbled, pulverized, or reduced to a powder by hand pressure.

*Category II nonfriable ACM is not allowed to remain in place for demolition if it has a high probability of becoming crumbled, pulverized, or reduced to a powder during demolition, transport, or disposal. (ex Transite, cement, slate roofing)

2. Description & Location of ACM remaining in place (including floor # and room #): _____

3. Company and/or individual that conducted the building inspection and the procedure used to determine the presence or absence of ACM (including analytic method): **Prior to demolition all buildings must be inspected by an U. S. Environmental Protection Agency (EPA) accredited inspector.*

4. Description of planned demolition and the specific method(s) that will be used: _____

5. If the demolition was ordered by a government agency, please identify the agency and attach a copy of the order:

Name: _____ Title: _____ Authority: _____

Date of Order (M/D/Y): _____ Date Ordered to Begin (M/D/Y): _____

* Notification for an emergency demolition must be submitted as early as possible before demolition begins, but not later than the following working day. A demolition is considered an emergency ONLY when the facility has been deemed structurally unsound and in danger of imminent collapse. If the structurally unsound building is known to contain any regulated ACM or is suspected to contain any regulated ACM, special procedures MUST be followed. If you are unaware of the special procedures, instructions/regulations can be obtained by contacting the MPCA at the address or phone number listed below.

6. Description of procedure to be followed in the event that unexpected RACM is found or Cat. II nonfriable ACM becomes crumbled, pulverized or reduced to powder:

7. Demolition Waste Transporter(s) Information:

Transporter Name: _____
Transporter Contact: _____
Transporter Address: _____
City, State, Zip: _____
Phone Number: _____

8. Demolition Waste Disposal Information:

Landfill Name: _____
Owner/Operator: _____
Address/Location: _____
City, State, Zip: _____
Phone Number: _____

9. I certify that the above information is correct and I am a bonafide representative of the demolition contractor or building owner and have authority to enter into agreements for my employer.

Signature of Contractor/Owner _____ Date _____

Send to: Minnesota Pollution Control Agency Regional Environmental Management Division 520 Lafayette Road North St. Paul, MN 55155-4194	For questions call: 651-296-6300 1-800-657-3864 FAX: 651-215-1593
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PCB Removal Information Polychlorinated biphenyls (PCBs) must be removed from the building prior to demolition. PCBs may be found in light ballasts, small capacitors found in old appliances, and transformer oils. For questions call the MPCA Hazardous Waste (HW) business assistance unit at 1-800-657-3724.

PCB remover name/address/phone number: _____

PCB receiver name/address/phone number: _____

Mercury Removal Information Mercury containing material must be removed from the building prior to demolition. Mercury containing materials may include fluorescent, metal halide, high pressure sodium, neon, mercury vapor lamps, mercury switches, thermostat probes, manometers, and gages. For questions call the MPCA HW business assistance unit at 1-800-657-3724.

Mercury remover name/address/phone number: _____

Mercury receiver name/address/phone number: _____

Refrigerants/CFCs/HCFCs Recovery Information A certified technician must recover refrigerants from refrigeration equipment and systems in the building prior to demolition. For questions call the CFC program at 1-800-657-3864.

Refrigerant recoverer name/address/phone number: _____

Refrigerant receiver name/address/phone number: _____



1700 North Broadway • Suite 128
Rochester, MN 55906
507-282-8206 • FAX 281-0391

THE FOLLOWING ITEMS ARE CONDITIONS FOR PERMIT ISSUANCE FOR DEMOLITION

STRICT COMPLIANCE IS MANDATORY

1. Remove all debris and concrete from the site. This includes all footings and basement floor slab. IBC Sec 3303/MN Stat. 116.081
 2. Sewer line shall be capped. Water line shall be removed up to property shut off. IBC Sec 3303
 3. **Call for inspection after demolition debris is removed and prior to filling demolition site.**
 4. All debris shall be removed to a permitted solid waste facility.
 5. Demolition of regulated structures* shall require:
 - a) A permit from MPCA
 - b) Asbestos inspection
 - c) Ten (10) day demolition notification
- *A regulated structure would consist of:
- a) Institutional
 - b) Commercial
 - c) Public
 - d) Industrial
6. Every permit issued shall become invalid unless the work authorized by the permit is commenced within 180 days after its issuance, or if the work authorized by the permit is suspended or abandoned for a period of 180 days after the time the work is commenced. MN Rules 1300.0120

CALL CMS FOR FINAL INSPECTION

507-282-8206 - 1-800-940-2547

KASSON RE-INSPECTION FEES

The intent is to re-coop costs incurred for unnecessary re-inspections.

The contractor or owner will be given one (1) verbal warning. After the warning is issued, they will be put on a re-inspection list. Once on the list, each additional "did not pass" inspection will require a fee of \$60.00 to be paid to the City of Kasson prior to scheduling a re-inspection.

When an inspection does not pass but can be re-inspected at the next required inspection, a re-inspection fee will not be required. Should the correction not be completed and an additional trip is required, a re-inspection fee would be required.

The inspector in the field will inform the office when an inspection did not pass. If it is determined a fee is due, the inspector will inform the contractor/owner. CMS will inform the City via fax when a re-inspection fee is due. When the fee is paid, the City will call CMS. CMS will then be allowed to re-schedule.

Exempt situation: When a final grade cannot be completed due to winter weather. A temporary Certificate of Occupancy will be issued. When CMS is notified the correction is complete, we would schedule when in Kasson to final out the project.

PERMIT AND INSPECTION RECORD

Site Address _____ Nature of Work _____
 Use of Building _____ Permit No. _____
 Contractor _____ Owner _____
 Contractor License No. _____ Date Issued _____

FOOTING	INSPECTOR	DATE
ROUGH-INS	INSPECTOR	DATE
Plumbing - Below Ground		
In-floor/U.G. Heat		
Plumbing - Above Ground		
Electrical		
Heating		
Ventilation		
Framing		
Insulation (installation)		
Fireplace (installation)		
FINALS	INSPECTOR	DATE
Plumbing		
Gas Line		
Heating/Ventilation		
Electrical		
Building		

**CALL FOR ALL INSPECTIONS
 CONSTRUCTION MANAGEMENT SERVICES
 (507) 282-8206**