BAXTER

"A Growing Community"

DEMOLITION PERMIT APPLICATION
COMMERCIAL AND RESIDENTIAL

Commercial	**$150.00**	Paid _____
Residential	**$30.00**	Check # _____
State Surcharge Fee	**5.00**	Receipt # _____

Applicant Information

Name: _____

Company Name (If Applicable): _____

Mailing Address: _____

City: _____ **State & Zip:** _____

Phone: _____ **Fax:** _____

Applicant Signature: _____

Property Information

Site Address: _____

Legal Description: **Lot:** _____

Block: _____

Parcel #: _____

Demolition Information

Building Use (i.e. house, warehouse etc.): _____

Name of Contractor Responsible for Demolition: _____

Address: _____

_____

Phone: _____

Owner's Authorization for Demolition:

This form provides authorization to _____
(Applicant's Name)

of _____
(Company Name)

to demolish the building(s) noted on the attached site plan and located at the above address:

Owner Name: _____

Owner's Signature: _____ **Date** _____

13190 Memorywood Drive Baxter, MN 56425 218-454-5113