



CITY OF PRIOR LAKE DEMOLITION PERMIT

Date Rec'd

PERMIT NO.

(Please type or print and sign at bottom)

ADDRESS

ZONING (office use)

LEGAL DESCRIPTION (office use only)
LOT BLOCK ADDITION PID

OWNER
(Name) _____ (Phone) _____
(Address) _____

CONTRACTOR
(Company Name) _____ (Phone) _____
(Contact Name) _____ (Phone) _____
(Address) _____

Use of Building: _____
INTERNATIONAL BUILDING CODE
Type of Construction: I II III IV V A B
Occupancy Group: A B E F H I M R S U
Division: 1 2 3 4 5
 MPCA NOTIFICATION OF INTENT TO PERFORM A DEMOLITION

I hereby certify that I have furnished information on this application which is to the best of my knowledge true and correct. I also certify that I am the owner or authorized agent for the above-mentioned property and that all construction will conform to all existing state and local laws and will proceed in accordance with submitted plans. I am aware that the building official can revoke this permit for just cause. Furthermore, I hereby agree that the city official or a designee may enter upon the property to perform needed inspections.

Signature Date

This Application Becomes Your Demolition Permit When Approved

Building Official Date

METRO (MCES) SAC UNIT DETERMINATION

This is to certify that the request in the above application and accompanying documents is in accordance with the City Zoning Ordinance and may proceed as requested.

Planning Director Date Special Conditions, if any



Site Restoration Proposal For Demolition

Applicant: _____

Address: _____

Check boxes below:

- Fill Excavation to grade
- Sod or seed all bare soils
- Erosion control (see handout). Maintain erosion control until turf is established.
- Cap sewer below grade.* Mark location. Licensed contractor required.
- Cap water below grade.* Mark location. Licensed contractor required.
- Call City of Prior Lake Public Works Department (**Call 952.447.9843 or 952.447.9844**) for water meter removal.
- Cap gas line.* (By gas company)
- Disconnect electric at meter. (By electric company)
- Pump and fill cesspool/septic tank. Certified contractor required.
- Abandon well. Certified contractor required. Existing well
- Remove existing structure foundation and footings, materials, and debris.**
- Provide dust control by following means:
 1. Water mist from a water supply (i.e. neighbors, water tank)
 2. Enclosure
 3. Other _____

Comments: *(provide survey or draw site plan)*

*Capping of utilities must be inspected.

** Final inspection and approval of restored site required. Deposit will be returned after approved final inspection.

Signature

Date



Minnesota Pollution Control Agency

520 Lafayette Road North
St. Paul, MN 55155-4194

Notification of Intent to Perform a Demolition

Asbestos Program

Doc Type: Asbestos & Demolition/Amendments

Type of notification: Original Amended Project cancellation

Notification must be postmarked or received ten (10) working days before demolition begins. See Item 5 for emergency demolitions. Both start and end dates should be amended in writing as necessary to reflect current project dates.

Demolition Contractor

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Contact name: _____

Phone number: _____

Building Information

Building name: _____

Address/Location: _____

City, State, Zip: _____

County: _____

Phone number: _____

Age of bldg (yrs): _____ Size of bldg (sq ft): _____

Number of floors, including basement level(s): _____

Present use of bldg: _____

Prior use of bldg: _____

Building Owner

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Contact name: _____

Phone number: _____

Dates of demolition or intentional burning:

Start date: _____ End date: _____
mm/dd/yy mm/dd/yy

Note: 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 <http://www.pca.state.mn.us/publications/w-sw4-06.doc> must be used to notify for the asbestos removal.

Is nonfriable ACM present in the structure to be demolished? Yes No

Will nonfriable ACM be present in the structure at the time of demolition? Yes No

If **Yes** to both questions above, complete Items 1-9. If **No** to either question, 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.

Category I: _____ Linear feet
_____ Square feet
_____ Cubic feet

Category 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 (e.g., transite, cement, slate roofing).

2. Description and location of ACM remaining in place (including number of floors and rooms):

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): (Note: Prior to demolition all structures must be inspected by a licensed asbestos inspector who has been certified through the Minnesota Department of Health.)

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 (mm/dd/yy): _____ Start date (mm/dd/yy): _____

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 Minnesota Pollution Control Agency (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 Category II nonfriable ACM becomes crumbled, pulverized or reduced to powder:

7. Demolition waste transporter(s) information:

Transporter name: _____

Contact name: _____

Transporter address: _____

City, State, Zip: _____

Phone number: _____

8. Demolition waste disposal information: *see below for more 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.

Print name: _____ Title: _____

Signature: _____ Date: _____

Important Note:

Ensure you are in compliance with Minn. R. 7035.0805 prior to the commencement of renovation/demolition.

This rule requires that the following items be removed two days prior to demolition: mixed municipal solid waste; household hazardous waste; industrial or hazardous waste; waste tires; major appliances; items containing elemental mercury, Poly-Chlorinated BiPhenyls (PCBs), and chlorofluorocarbons (CFCs); oil; lead; electronics; and other prohibited items. See MPCA website at <http://www.pca.state.mn.us/publications/w-sw4-20.pdf> for a Pre-Renovation/Demolition Environmental Checklist Guidance Document to assist with completion of this rule.

*Demolition waste must be disposed of at a permitted solid waste facility. For other disposal option please contact the regional MPCA solid waste compliance/enforcement staff with any questions.

Submit to: Minnesota Pollution Control Agency
Industrial Division – Asbestos Program
520 Lafayette Road North
St. Paul, MN 55155-4194

Questions call: 651-296-6300 or 1-800-657-3864

Fax: 651-297-1438

E-mail: asbestos.demolition.pca@state.mn.us