Sleepy Eye		Demolition Permit Application Submit applications to: permits@prokoreins.com Permit or code questions: 507.388.4224			
Site Address Address	Suite/Apartment No.	City	State		Zip
Legal Description					
Lot		Block			
Addition					
Project Contacts (Contact Perso	n & Business Name)				
Applicant	Address		Email		
	City State	Zip	Phone		
Property Owner	Address		Email		
	City State	Zip	Phone		
Contractor	Address		Email		
Project Manager	City State	Zip	Phone		
State Contractor License	No.				
Type of building to be demolish	ed (select one below):				
OHouse OGarage		OCommercial Building OCher			
Start Date C		Completion Date			
Existing utilities must be shut-off or removed. Applicant must contact the Public Utilities Office to determine what is necessary for water and electric disconnection. The sanitary sewer connection must be disconnected and sealed at the property line within 30 days from the date of removal. You must notify Gopher State One Call by calling 1.800.252.1166 for all other utility companies. Gopher State One Call will notify all utilities in the area of your intention to demolish and the date you will begin. Please contact Prokore at 507.388.4224 or permits@prokoreins.com to schedule the required demolition inspection.					
I hereby declare that I am the owner or authorized agent of the above described property. I agree to demolish the building herein described in accordance with the standards, regulations and ordinances governed by Federal, State, and County governments and the local municipality. I further agree that all demolition activity will occur with construction safeguards in accordance with Chapter 33 of the Minnesota Building Code, including pedestrian protection during all demolition activity. I represent the information contained on the permit is true and correct.					
Applicant Name (print)				Date	
Applicant Signature (initial to sig	n)			Fee Paid	\$
Approved by		Title		Date	

Community inspections provided by Prokore.