CITY OF EDINA

4801 West 50th Street, Edina
Building Inspections Department
(952) 826-0372 FAX: (952) 826-0389 TDD: (952) 826-0379

PERMIT NUMBER

For office use only

Use with paper submittals only

DEMOLITION / MOVING PERMIT

PRINT OR TYPE APPLICATION

Site Information

Address_____ Suite/Unit # _____

Lot_____ Block_____Subdivision_____

Tenant/Building name_____

☐***Demolition Description*** ☐***Move Description***

Proposed starting date _____ Completion Date _____

Structure(s) being demolished/moved _____

_____

Valuation

Applicant is
☐Owner ☐Contractor

Contractor Information

Company name _____ MN Contractors License #_____
Address _____City _____State_____ Zip _____
Contact person name _____ Phone_____
Cell _____ Fax_____ Email_____

Owner Information

Name_____
Address _____
City_____ State_____ Zip_____
Phone_____ Cell_____ Email_____

Moving Permit Requirements:

☐ Destination of structure _____ Move date _____
☐ Attach map and description of moving route
☐ Survey with grade elevations at each lot corner, grade elevations at four corners (NW, NE, SW, SE) of the existing foundation, and elevation at top of entry floor.

Contractor Initial

Owner Initial

CONDITION OF PERMIT: *Property must be restored within 30 days of building move – utilities abandoned at the property line with a permit, foundation demolished with a separate permit, debris removed, demolition excavation filled to match adjacent grade and seed or sod placed and maintained at disturbed areas. OR A permit must be issued for a new structure within 30 days of the building move.*

Demolition Permit Requirements:

☐ Sewer and Water disconnected. Permit number _____Approved by _____Date_____

☐ Fire Dept burning permit if applicable. Permit Number_____Approved by_____Date_____

☐ Survey with grade elevations at each lot corner, grade elevations at four corners (NW, NE, SW, SE) of the existing foundation, and elevation at top of entry floor.

☐ Metropolitan Council Environmental Services SAC credit determination required for commercial demolition OR Owner letter acknowledging their understanding that SAC credits will be denied if credit determination not received in the same calendar year the demolition permit is issued.

☐ Contractor Initial ☐ Owner Initial

CONDITION OF PERMIT: *Property must be restored within 30 days of demolition – utilities abandoned at the property line with a permit, debris removed, demolition excavation filled to match adjacent grade and seed or sod placed and maintained at disturbed areas. OR A permit must be issued for a new structure within 30 days of the building demo'd.*

Applicant Signature

I hereby apply for a permit and attest to the following:

* All information on this application is complete and accurate.
* All work will comply with Conditions of Permit, Edina City Code and Minnesota State Building Code.
* I understand this is an application only, not a permit. Work will not start without an approved, issued permit.
* All work will be done according to plans approved by the City of Edina when approved plans are required.
* Erosion and sediment control will be installed before starting work.
* Effective **July 1, 2015**: Tree Protection Plan required per **Ordinance No. 2014-25**
* A permit for any proposed work shall be considered abandoned 180 days after the date of filing (1300.0120, subp 9) or last date of inspection (1300/0120, subp 10 & 11)

Applicant's signature_____ Date_____

Applicant's printed or typed name_____

Approvals

for office use only

Building Inspections Dept
By _____ Date _____

Planning Dept/Heritage Preservation Board
By _____/_____Date _____/_____

Engineering Dept
By _____ Date _____

Fire Dept
By _____ Date _____

Police Dept
By _____ Date_____

Public Works Dept
By _____Date _____

Fees

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Fixed permit fee ☐Yes ☐No _____

Permit fee (by value) ☐Yes ☐No _____

State surcharge ☐Yes ☐No _____

Investigation fee ☐Yes ☐No _____

Escrow ($2,500) ☐Yes ☐No _____

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