



# CITY OF EDINA

4801 West 50<sup>th</sup> Street, Edina

## Building Inspections Department

(952) 826-0372 FAX: (952) 826-0389 TDD: (952) 826-0379

[www.edinamn.gov](http://www.edinamn.gov)

<b>PERMIT NUMBER</b>
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## 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

(Moving permit cost is \$212.00)

### 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.

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Contractor  
Initial

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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 move.

**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.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's printed or typed name \_\_\_\_\_

**Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant**

I understand the State of Minnesota requires residential contractors, residential remodelers and residential roofers be licensed to work in the State unless they qualify for a specific exemption from the licensing requirements. By signing this statement, I certify that I am building or improving this dwelling myself. I claim to be exempt from state licensing requirements because I am not in the business of building on speculation or for resale. I certify I have not built or improved any other residential structures in the State within the past twelve 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 MS 514.01.

I further acknowledge I may be hiring independent contractors to perform certain aspects of the improvements on this dwelling, and I understand some of these contractors may be required to be licensed by the State. I understand unlicensed residential contracting, residential remodeling and residential roofing activity is a misdemeanor under Minnesota law, and I forfeit my rights to reimbursement from the Contractors Recovery Fund in the event any contractors I hire are unlicensed.

Homeowner's signature \_\_\_\_\_ Date \_\_\_\_\_

Homeowner's typed or printed name \_\_\_\_\_

Contact the Minnesota Department of Commerce, Enforcement Division to determine if a contractor is licensed or exempt or to check on contractor status. Metro: (651) 296-2594, Outstate: 1 (800) 657-3602, [www.commerce.state.mn.us/mainbc.htm](http://www.commerce.state.mn.us/mainbc.htm)

**\*Demolition permits requiring an escrow account can request a refund online after the demolition permit has been closed at: <http://edinamn.gov/index.php?section=escrow-refund>**

**Approvals**

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Building Inspections Dept

By \_\_\_\_\_ Date \_\_\_\_\_

Planning Dept

By \_\_\_\_\_ Date \_\_\_\_\_

Engineering Dept

By \_\_\_\_\_ Date \_\_\_\_\_

Fire Dept

By \_\_\_\_\_ Date \_\_\_\_\_

Police 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 \_\_\_\_\_