

City of Robbinsdale



Engineering Department

DEMOLITION PERMIT

4100 Lakeview Ave N Robbinsdale, MN 55422 ♦ Phone 763-531-1268 ♦ Fax 763-531-1200 permits@ci.robbinsdale.mn.us

DATE: _____

PERMIT #: _____

JOB ADDRESS: _____

PROPERTY OWNER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

- If property owner is completing the work, please attach a "Property Owner's Affidavit"

CONTRACTOR NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

STATE LICENSE #: _____ (If Applicable)

CITY LICENSE #: _____ (If Applicable)

- A City License is required for the demolition of commercial properties or if you are not licensed by the State of MN

CONTRACT VALUE OF WORK: \$ _____

ARE YOU USING A DUMPSTER/CONTAINER? YES NO

- **IF YOU ARE YOU USING A DUMPSTER/CONTAINER, A PERMIT IS REQUIRED REGARDLESS OF THE ITEMS COLLECTED, THE LENGTH OF TIME IT IS NEEDED, AND WHERE THE CONTAINER IS PLACED.**
- IF YOU ARE USING A TRUCK OR LICENSED TRAILER, A CONTAINER PERMIT IS NOT REQUIRED.

DESCRIPTION OF WORK:

APPLICANT SIGNATURE: _____

PRINT NAME: _____

PHONE NUMBER: _____

PERMIT FEE (MINIMUM \$50): \$ _____

LICENSE VERIFICATION FEE \$ _____

STATE SURCHARGE (MINIMUM \$.50): \$ _____

OTHER FEE(S): \$ _____

TOTAL PERMIT FEE: \$ _____



DEMOLITION PERMIT APPLICATION - PROCEDURE

A CITY LICENSE IS REQUIRED FOR THE DEMOLITION OF COMMERCIAL PROPERTIES.

DEMOLITION PERMITS **MAY** REQUIRE COUNCIL APPROVAL PRIOR TO ISSUANCE FOR ANY WORK OTHER THAN DETACHED GARAGES.

UTILITIES MUST BE DISCONNECTED PRIOR TO ISSUANCE OF DEMOLITION PERMIT.

CALCULATING THE PERMIT FEE:

Permit Fee: 1.5% of the total job value. *For example;* if the total \$ value of the job is \$3,000, the Permit Fee is calculated as $\$3000 \times .015 = \45.00 or $*\$50.00$ *(minimum Permit Fee is \$50.00)*

State Contractor License Verification Fee: \$5.00

State Surcharge: .0005 x the total \$ value of the job. *For example;* if the total \$ value of the job is \$3,000, the State Surcharge is calculated as $\$3000 \times .0005 = \1.50 *(minimum State Surcharge is \$.50)*

PERMIT FEE + STATE LICENSE VERIFICATION FEE + STATE SURCHARGE = TOTAL PERMIT FEE



**PROPERTY OWNER'S AFFIDAVIT
WORK PERMIT CERTIFICATION**

DATE: _____

I, _____ HEREBY CERTIFY THAT I AM THE PROPERTY OWNER OF
(ADDRESS) _____, AND WILL PERFORM THE
_____ WORK MYSELF.

PROPERTY OWNER SIGNATURE

PHONE #



CREDIT CARD INFORMATION

(We accept MasterCard, Visa, American Express and Discover)

***NOTE:** The City of Robbinsdale does *not* charge an additional fee when using a credit card*

To make a payment by credit card, please provide the following information:

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

NAME OF CARD HOLDER: _____

CREDIT CARD ACCOUNT NUMBER: _____

CREDIT CARD EXPIRATION DATE: ____/____

3 or 4 DIGIT SECURITY CODE FROM BACK (or front) OF CARD ____ _

BILLING ZIP CODE: _____

(For example, if the credit card you are using has a billing address of 4100 Lakeview Ave N., Robbinsdale, MN, 55422, the zip code entered on this line is 55422)