

City of Sauk Centre
 320 South Oak Street - Sauk Centre, MN 56378
 Ph: (320) 352-2203 Ext 5 FAX: (320) 352-0121
 Email: planning@ci.sauk-centre.mn.us

**DEMOLITION PERMIT
 APPLICATION**

For Office Use Only	
Permit No.	_____
PID No.	_____
DATE RCVD.	_____
Permit Fee	_____
Surcharge	N/A
Plan Check	N/A
TOTAL FEE _____	

Please Type or Print Legibly:

1. Site Address _____ Sauk Centre, MN 56378
2. Owner(s) _____ Contact Phone Number _____
3. Owner's Address (if different from above) _____
4. Legal Description of Site: *(Please Attach Metes & Bounds Description)*
Note If unknown, please refer to property tax statement or ask Zoning Administrator*

5. Type of Improvement:

_____ Rcvd. Rqmts? Note: Section 156.086 prohibits the use of exposed fasteners

Reshingle _____ (type of material): Asphalt _____ Metal/Steel _____ Other _____

Window Replcement _____ Reside _____ Deck _____ Remodel _____ Mechanical _____ Other _____

6. If remodeling, mechanical or other, describe in detail work to be done _____

7. If residing, describe type of siding N/A Section 156.086 prohibits the use of exposed fasteners.

8. Approximate Start Date _____

9. Please provide contractor's name and license number as required by Minnesota Statute

Name _____ License No. _____ **OR**

This work is being done by applicant who is acting as their own general contractor and assumes complete responsibility. I have read and signed the Licensed Contrator Disclaimer. _____ (Initial Here)

10. Estimated Cost of Complete Project: \$ _____

I hereby certify that I have read & examined this application & supporting documents & know the same to be true & correct. I have identified all property boundries, easements, flood zones and/or wetlands existing on the property on my site plan(s) & application. The undersigned further agrees that the City and its' Administrative Staff relied on the accurateness of the application, plans & specificaitons relative to this request and hold the City of Sauk Centre harmless from all liability arising from the granting of a permit. All provisions of Laws & Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel all the provisions of any other state or local law regulating construction.

 AUTHORIZED SIGNATURE OF OWNER OR BUILDER

 ZONING ADMINISTRATOR

This Permit Expires One Year From: _____

 BUILDING INSPECTOR

Licensed Contractor Disclaimer

I understand that the State of Minnesota requires that all residential building contractors, remodelers and roofers obtain a state license unless they qualify for a specific exemption from the licensing requirements. By signing this document, I attest to the fact that I am building or improving this house myself. I hereby claim to be exempt from the state licensing requirements because I am not in the business of building on speculation or for resale and that the house for which I am applying for this permit, located at _____, is the first residential structure I have built or improved in the past 24 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 Minn. Stat. 514.01.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this house and I understand that some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting; remodeling, and/or roofing activity is a misdemeanor under Minn. Stat. 326.92, subd. 1, and that I would forfeit my rights to reimbursement from the Contractor's Recovery Fund in the event that any contractors I hire are unlicensed.

I also acknowledge that as the contractor on this project, I am solely and personally responsible for any violations of the state building code and/or city ordinance in connection with the work performed on this property.

Signature of Property Owner

Date _____

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of individual contractors, please call the Minnesota Department of Commerce, Enforcement Division, at 1-800-657-3602.