



Community Development Department
1307 Cloquet Avenue • Cloquet MN 55720
Phone: 218-879-2507 • Fax: 218-879-6555

DEMOLITION PERMIT REQUIREMENTS

- Asbestos / Hazardous Material Testing (per MPCA) & Abatement if required (Check with MPCA for exemptions)
- Notification of Intent to Perform a Demolition to MPCA
<http://www.pca.state.mn.us/index.php/view-document.html?gid=2820>
- Disconnection of Water / Sewer at City Main (Excavation Permit / Public Works)
- Disconnection of Other Utilities (gas, electric, telephone)
- Grading & Compaction / Site Restoration Plan (Grading Permit)
- Foundation removal 4' below grade or complete removal
- Safety Fence

REQUIRED INSPECTIONS

- **Water / Sewer Disconnection Inspection (Public Works #879-6758)**
- **Notification to Utility Billing (Clerk #879-3844)**
- **Foundation Removal (Building Official #879-2507)**
- **Final / Site Restoration Inspection (Assistant Engineer #879-6758)**

MPCA = Minnesota Pollution Control Agency



Demolition Application

City of Cloquet

Community Development Dept.
1307 Cloquet Avenue
Cloquet, MN 55720

Phone: 218-879-2507 Fax: 218-879-6555
www.ci.cloquet.mn.us

Job Site Information

Property Address: _____

Parcel I.D. #(s): **06-** _____

Building Dimensions: _____

Company Name: _____ Contractor License # _____

Contact Person/Title: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Pre-1978: No Yes Lead Paint Certification #: _____

Owner Information

Company Name: _____

Contact Person/Title: _____

Mailing Address: _____

Phone: _____ E-mail: _____

AS A CONDITION OF PERMIT APPROVAL THE FOLLOWING ARE REQUIRED:

- DISCONNECT SEWER & WATER SERVICE LINES AT CITY MAINS (Excavation Permit Required)
- DISCONNECT OTHER UTILITIES (gas, electric, telephone)
- GRADING & COMPACTION PLAN (Grading Permit Required)
- SITE RESTORATION PLAN

City Engineer Signature

Date

NOTES:

Demolition Permit Fees:

Accessory Building	\$25.00
Residential	\$50.00
Commercial	\$100.00

_____ + \$5.00 = _____
BASE FEE + St. Surchrg = Total

DATE PAID _____ 20____

THE OWNER OF THIS BUILDING AND THE BELOW SIGNED AGREE TO CONFORM TO ALL APPLICABLE RULES OF THIS JURISDICTION:

Owner Signature

Date

Applicant/Contractor Signature

Date

PERMIT NUMBER: _____
NAME: _____

PERMIT APPROVAL *(For Office Use Only)*

Building Official

Zoning Administrator

Date

Date

BUILDING PERMIT ISSUED _____ **20** _____

BUILDING PERMIT NUMBER: _____