



DEMOLITION & RENOVATION BUILDING PERMIT APPLICATION

Project Address _____ Lot(s) _____ Block _____ Addition _____

Owner's Name _____ Address _____ City/State _____

Owner's Contact Numbers _____

Demolition Contractor: _____ Contact Number(s) _____

Mailing Address: _____ E-Mail: _____

Contact Person for Job: _____ Cell Phone: _____

Yes No HAS THE STRUCTURE BEEN TESTED FOR ASBESTOES? RESULTS:

Yes No HAS THE STRUCTURE BEEN TESTED FOR LEAD PAINT? RESULTS:

Yes No DO YOU UNDERSTAND NO BUILDING MATERIALS EXCEPT CONCRETE AND ASPHALT MAY BE BURIED ON SITE?

Yes No IS THE BUILDING HISTORIC? Yes No HAVE THE HISTORICAL COMMISSIONS BEEN NOTIFIED?

Yes No ARE THERE FUEL TANKS ON SITE Yes No ARE THERE ANY HAZARDOUS MATERIALS ON SITE?

DESCRIPTION OF WORK TO BE PERFORMED:

Name/Address/Location of Disposal Site: _____

FOUNDATION DEMOLISHED OR SALVAGED ROOF SYSTEM DEMOLISHED OR SALVAGED

FLOOR SYSTEM DEMOLISHED OR SALVAGED UTILITIES TERMINATED OR SALVAGED

List drawings being submitted for review and approval:

LIST SUBCONTRACTORS: [Include company name, mailing address, contact numbers, e-mail]

EXCAVATION: _____

ELECTRICAL: _____

PLUMBING: _____

HAZ/MAT: _____

ASBESTOS: _____

OTHER: _____

OTHER: _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and 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 the provisions of any other state or local law regulation construction or the performance of construction.

State law mandates that application must be made to the South Dakota Department of Environmental & Natural Resources prior to any demolition of renovation activity taking place on any commercial or industrial structure. The notification form is attached for your use. A copy of this application will be sent to the state prior to approval.

Project Valuation: \$ _____ Date of Issuance: _____ Building Permit Number: _____

Permit Fees: \$ _____

Signature of Project Owner

Signature of General Contractor # _____ License Number

Receipt Number: _____

Date Received: _____

PROVIDE A SCHEMATIC SHOWING THE SITE MOBILIZATION SET UP INDICATING ANY SIDEWALK OR ROAD CLOSURES

