

City of Virginia Demolition Permit Application

Engineering Department

327 First Street South, Virginia, MN 55792

Phone (218) 748-7500

Fax (218) 749-3580

Date: _____

Permit No. _____

Receipt No. _____

SITE	Site Location			Lot	Block	Addition	
	Legal Description					Parcel Code	
	LOT SIZE	WIDTH	DEPTH	FRONT SETBACK	SIDE SETBACK	SIDE SETBACK	REAR SETBACK
OWNER	Owner					Contact Person	
	Owner Address					Phone	
	City, State, Zip					Fax No.	
CONTR.	Contractor			License No.		Contact Person	
	Contractor Address					Phone No.	
	City, State, Zip					Fax No.	
DESIGN FIRM	Designer			Registration No.		Contact Person	
	Firm Address					Phone No.	
	City, State, Zip					Fax No.	
APPLICANT	Permit Applicant is <input type="checkbox"/> Owner <input type="checkbox"/> Designer <input type="checkbox"/> Contractor <input type="checkbox"/> Other; Specify _____						
	Applicant Name					Applicant Phone No.	
	Applicant Address					Applicant Fax No.	
PROJECT	Permit is for: <input type="checkbox"/> Build <input type="checkbox"/> Alter <input type="checkbox"/> New <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demolish <input type="checkbox"/> Other; Specify _____						
	Type of Permit: <input type="checkbox"/> General <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Driveway <input type="checkbox"/> Fence <input type="checkbox"/> Other; Specify _____						
	Structure used as: <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Garage <input type="checkbox"/> Signage <input type="checkbox"/> Other; Specify _____						
	STRUCTURE DETAILS	WIDTH	LENGTH	HEIGHT	ESTIMATED \$ VALUE OF PROJECT		

Details or comments _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provision 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 regulating construction or the performance of construction.

Signature of Applicant _____ Date _____

DO NOT WRITE BELOW THIS LINE

Type of Const.	Occupancy Group	Max. Occupancy Load	State Surcharge	\$ _____
Size of Bldg. (Total Sq. Feet)	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit Fee	\$ _____
Total Impervious Surfaces			Plan Inspection Fee	\$ _____
Special Approvals	Required	Received	Not Required	
Planning Commission				County Rec. Fee
City Council				\$ _____
Special Use				City Rec. Fee
				\$ _____
				TOTAL
				\$ _____