# BUILDING PERMIT APPLICATION #_______

## General - DEMOLITION

**CITY OF DUNDAS**  
**BUILDING INSPECTIONS DEPARTMENT**  
100 RAILWAY STREET NORTH, PO BOX 70, DUNDAS, MN 55019  
Phone: 507-645-2852  Email: cityhall@dundas.us  Website: www.cityofdundas.org

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**JOB SITE ADDRESS**

**LOT#**   **BLK#**   **PID #**

**APPLICANT:**  Owner OR Contractor (Circle One)

**OWNER**

Street Address  

**CONTRACTOR**

Mailing Address  

**Contractor’s License #**

**DEMOLITION DESCRIPTION** (DESCRIBE IN DETAIL):

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**DATE(S) MATERIALS REMOVED:**

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**VALUATION OF WORK**

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**LOCATION OF LANDFILL**

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Applicant hereby agrees that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with applicable City, County, and State laws and ordinances. The applicant agrees to abide by all Zoning Regulations and State Building Codes and to use this structure for its permitted use only.

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Contractor/Applicants Signature  

Date

Permit shall be null and void if authorized work is not started within 180 days from approved date, or if work is suspended or abandoned for 180 days or more after work is started.

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**PERMIT FEES**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building</td>
<td>$100.00</td>
</tr>
<tr>
<td>Building State Surcharge</td>
<td>$</td>
</tr>
<tr>
<td>ESCROW*</td>
<td>$       (*based on valuation of demolition)</td>
</tr>
<tr>
<td>Other Charges</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td>$</td>
</tr>
</tbody>
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D-092020