



**Department of Building Safety**  
 101 4<sup>th</sup> Street East, Hastings, MN 55033  
 p. 651-480-2342 f. 651-437-7082  
 e. [building@hastingsmn.gov](mailto:building@hastingsmn.gov)  
[www.hastingsmn.gov](http://www.hastingsmn.gov)

**Demolition Permit Application**

Owner Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Site Address: \_\_\_\_\_  
 Legal Description: \_\_\_\_\_  
 \_\_\_\_\_  
 Year Structure Built: \_\_\_\_\_

Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_  
 License #: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_

Class of Work (check one):  
 Structure Move     Partial Demolition     Full Demolition     Other

**Description of Work:** \_\_\_\_\_  
**Proposed Date of Demolition or Structure Move:** \_\_\_\_\_

Prior to the issuance of any demolition or structure moving permit, written approval shall be obtained from each of the following organizations. No construction activity or demolition work shall begin prior to the completion of this form and permit approval from the Building Department of the City of Hastings. It is the responsibility of the property owner or authorized agent to obtain all the required authorized signatures and provide these organizations with any additional information deemed necessary to grant approval.

Organization	Signature	Date	Comments
Minnegasco (nat/gas)	_____	_____	_____
Excel Energy/ Dakota	_____	_____	_____
Embarq Telephone	_____	_____	_____
Hastings Utilities Dept.	_____	_____	_____

*The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of Hastings.*

\_\_\_\_\_  
**Signature of Applicant or Authorized Agent**

\_\_\_\_\_  
**Date**

**NOTICE:** This is an application only. Permit will be issued after City approval and payment of fees.

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

App Accepted by \_\_\_\_\_ Date \_\_\_\_\_ Zoning \_\_\_\_\_  
 Bldg Approval \_\_\_\_\_ Cont Lic # \_\_\_\_\_ Erosion Control \_\_\_\_\_  
 F.M. Approval \_\_\_\_\_ # of Stories \_\_\_\_\_  
 Approval to Issue by: \_\_\_\_\_ Special Conditions: \_\_\_\_\_  
 Date Approved \_\_\_\_\_

Permit# \_\_\_\_\_ Paid: \_\_\_\_\_ Date: \_\_\_\_\_