

# CITY OF MAX

215 Main Street - P O BOX 116 - Max, North Dakota 58759-0116  
Phone 701-679-2770 -- Fax 701-679-2700

## DEMOLITION PERMIT APPLICATION

Permit No. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

OWNER \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY \_\_\_\_\_

BUILDING SIZE \_\_\_\_\_ BASEMENT SIZE \_\_\_\_\_ HEIGHT OF BLDG \_\_\_\_\_

\*Concrete must be removed from all basements before filling in. Must be properly compacted after filling in.

Number of Stories \_\_\_\_\_ Type of Construction \_\_\_\_\_

Is Asbestos present? ( ) Yes ( ) No If yes, a ND permit must be completed and filed with city.

### DISPOSAL OF BUILDING MATERIALS (Check all that apply)

( ) City Landfill ( ) Alternate Location \_\_\_\_\_

Commercial

( ) More than one building on premise

Attach site plan

( ) Multiple: Number of Units \_\_\_\_\_

Residential

( ) Single family

( ) Duplex

### Demo Contractor

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

All work will be done in accordance with the City of Max Municipal Code. I am the owner of the above property or have entered a contract with the owner of record to demolish the above building(s). I assume complete responsibility for any liability arising from the demolition of the above building(s) and I understand that I, as the owner or his agent must insure the following is completed:

\*Electric, telephone and gas companies must be contacted and services must be disconnected before commencing any demolition work;

\*Call 1-800-795-0555 Before You Dig

\* State and/or federal agencies must be contacted regarding any asbestos removal.

\* Sewer lines must be cemented shut at grade line of sewer line (if new construction).

\* Water lines must be capped shut at grade line of water line and shut off at curb stop.

I hereby certify that I have read and examined this application and know the same to be true and correct.

### **Applicant Information: Please Print**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**PERMIT FEE: \$10.00**