



CITY OF
CHASKA

DEMOLITION PERMIT APPLICATION



Scan the QR code to
take you to our online
permitting portal.

Site Address:	
Type of property:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Date site was vacated:	
Estimated start date:	
Estimated completion:	
Is there a well on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there septic on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant Information	
Name:	
Address:	
Email:	
Phone:	
Demolition Contractor Information	
Company Name:	
License Number:	
Contact Person:	
Contact Person Email:	
Contact Person Phone:	
Estimated Value:	
Demolition Requirements	
<p>City of Chaska Submittal Requirements:</p> <ul style="list-style-type: none"> • Demolition Signature Form • Asbestos report & Abatement Plan <p>Applicants must also comply with the Minnesota Pollution Control Agency and the Minnesota Department of Health's requirements for commercial and residential demolitions. Information can be found at www.pca.state.mn.us</p>	
<p>I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with provisions of the ordinances of the City of Chaska, and State Building codes. I further agree that any plans and specifications submitted herein shall become part of this permit application. This permit becomes invalid if work is suspended or abandoned for more than 180 days.</p>	
Applicant Signature:	Date:

Permit#: _____
Received By: _____
Date: _____