

CITY OF SLEEPY EYE, MINNESOTA

200 MAIN STREET EAST, SLEEPY EYE, MN 56085 (507) 794-3731

DEMOLITION PERMIT

Permit No.						
Demolition Site A	ddress					
Owner/Business:						
Address: _						
- Phone Number: _			Contact:			
Email:						
Legal Description:						
Lot:			Block:			
Addition:						
Type of building to	be demolished	(circle one belo	ow):			
A. Hou			C. Commercia	l Building	D.	Other
Start Date:			Com	pletion Date:		
******	******	******	******	*****	****	*******
necessary for w the property lin 252-1166 for all demolish and th	ater and electr e within 30 day other utility co le date you wil	ic disconnectio ys from the dat ompanies. Gop I begin. Please	n. The sanitary se e of removal. You	wer connection must notify Gop will notify all utine when ready for a	must b her St ilities i	ies Office to determine what is be disconnected and sealed at ate One Call by calling 1-800- in the area of your intention to hrough; Prokore
********	*******	*******	*******	******	****	********
the building her	ein described i	n accordance w	vith the standards	, regulations and	ordina	roperty. I agree to demolish ances goverened by Federal, the permit is true and correct.
Applicant's Sign	ature			Date		Fee Paid: \$
*******	******	******	******	******	****	********
**				Partie .	_	
Approved by:			Title: Build	ding Inspector		Date: