



# DEMOLITION

A building permit is required for the demolition of any building or structure.

## APPLICATION SUBMITTAL REQUIREMENTS

### Demolition Supplement:

- Completed supplement form
- Copy of MPCA Notification form (if asbestos is present)

### Site Plan

- Location and size of structure(s) to be demolished

### Submit Permit

- Submit application for permit online at [www.corcoranmn.gov](http://www.corcoranmn.gov) > **Building Permits**  
Permit Type: **Demolition**

For specific questions regarding building code requirements, refer to the applicable codes or contact the city's contracted Building Official, **Metro West Inspection Services at 763-479-1720** or email [permits@corcoranmn.gov](mailto:permits@corcoranmn.gov).

## PRIOR TO DEMOLITION

**The following must be completed and remain in place throughout the duration of project.**

- Utilities terminated (electric service, natural gas/LP, phone cable, etc.)
- All underground utilities marked (Gopher State One call)
- Private sewer and water terminated
- Traffic control — pedestrian protection (if needed, this may require Public Safety approval and inspection)
- Erosion, debris, and dust control (silt fence, etc.)
- Provide verification of proper clean-up/disposal of asbestos, hazardous materials, contaminated soils, etc.

## REQUIRED INSPECTIONS

**Approved permit information must be on site for all inspections.**

- **Excavation:** After demolition project has taken place, but before any excavations are filled.
  - Septic tank pumped and removed or filled by licensed septic contractor.
  - All wells abandoned by a licensed well contractor (provide certification).
  - Demolition materials and debris including footings, foundations, and slabs removed.
  - Site properly cleaned up.
- **Final:** After project completion.
  - All excavations filled.
  - Final grading is complete and satisfactory.

To schedule inspections contact **Metro West Inspection Services at 763-479-1720**.

The owner and/or contractor are responsible for ensuring compliance with all applicable rules and regulations set forth by relevant authorities and government agencies. The permit holder must contact the appropriate State, County, and Local authorities before beginning demolition. All asbestos and other hazardous materials must be removed and disposed of in accordance with the Minnesota Pollution Control Agency's guidelines. For any questions regarding asbestos classification, removal, transport, disposal, or related regulations and standards, please contact the MPCA asbestos team at (651) 296-6300, (800) 657-3864, or visit the MPCA website at [www.pca.state.mn.us](http://www.pca.state.mn.us).

*This handout is intended as a guide and is based in part on the Minnesota State Building Code, City Ordinances, and established building practices. No guarantees are given regarding its completeness or correctness. The permit holder is responsible for ensuring compliance with all relevant codes and ordinances. Additional permit handouts are available online at [www.corcoranmn.gov/public\\_services/construction\\_services\\_\\_inspections](http://www.corcoranmn.gov/public_services/construction_services__inspections).*



## DEMOLITION SUPPLEMENT

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Site Address \_\_\_\_\_ PID: \_\_\_\_ - 119 - 23 - \_\_\_\_ - \_\_\_\_

Contractor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

1. Building(s) to be demolished: \_\_\_\_\_

2. Commercial \_\_\_\_ Residential \_\_\_\_ Agricultural \_\_\_\_ Other \_\_\_\_\_

3. Type of construction: Wood \_\_\_\_ Masonry \_\_\_\_ Mix/Other \_\_\_\_\_

4. Disposal site(s): \_\_\_\_\_

5. Asbestos present: Yes \_\_\_\_ No \_\_\_\_ **If yes, the Notification of Intent to Perform a Demolition must be completed and submitted to the MPCA and a copy must be provided to the City.**

A. Contractor removing asbestos: \_\_\_\_\_

B. Disposal site: Name: \_\_\_\_\_

Address: \_\_\_\_\_

6. Other hazardous materials present: Yes \_\_\_\_ No \_\_\_\_

A. Materials: \_\_\_\_\_

B. How will they be managed? \_\_\_\_\_

7. Will the well(s) be abandoned and sealed? Yes \_\_\_\_ No \_\_\_\_ **Must provide copy of the Well and Boring Sealing Record at inspection.**

A. If yes, Name of Licensed Well Contractor: \_\_\_\_\_

8. Septic tank(s) to be:

A. \_\_\_\_ Pumped, cleaned, collapsed, and filled **\*Needs inspection prior to filling**

B. \_\_\_\_ Pumped, cleaned, and removed. Disposal site: \_\_\_\_\_

C. Other: \_\_\_\_\_

9. Erosion and debris control: \_\_\_\_\_

10. Utilities to be abandoned by the utility company: \_\_\_\_\_

11. Demolition plan: \_\_\_\_\_

\_\_\_\_\_

12. Start date: \_\_\_\_\_ End date: \_\_\_\_\_

I, the undersigned, accept the terms and conditions of the demolition permit application, and agree to fully comply with the City of Corcoran as well as all federal, state, county, and local rules and regulations pertaining to building demolition and the handling and removal of hazardous materials.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*A permit issued by the Building Official shall not be construed as permission to proceed without approval from all appropriate agencies.**

Deconstruction, renovation, or  
demolition notification form

## Asbestos Program

Doc Type: Asbestos &amp; Demolition/Amendments

Type of notification: ☐ Original ☐ Amended ☐ Project cancellation

Notification is required for all NESHAP-regulated facilities, as defined in [40 CFR § 61.141](#), and the notification must be postmarked or received ten (10) working days before renovation, deconstruction, or demolition begins. See Item 5 for emergency demolition projects. If the project dates change, submit an amended form with an updated start and end dates to reflect current project dates.

**Submittal:** Notifications may be made electronically (preferred) or by paper copy. To submit this form electronically, save the form to your computer and send the form to the Minnesota Pollution Control Agency (MPCA) by attaching the form to an email message, using *Deconstruction, renovation, or demolition notification form (w-sw4-21)* as the subject line to [asbestos.demolition.pca@state.mn.us](mailto:asbestos.demolition.pca@state.mn.us). To submit the form by paper copy, please mail to the Asbestos Program at the address above. If you have any questions, contact the MPCA Asbestos Program Coordinator, Colin Boysen at [colin.boysen@state.mn.us](mailto:colin.boysen@state.mn.us) or 507-206-2644.

**Important Note:** Ensure you are in compliance with Minn. R. 7035.0805 prior to the commencement of the deconstruction, renovation or demolition project. This rule requires that the following items be removed two days prior to demolition: mixed municipal solid waste; household hazardous waste; industrial or hazardous waste; waste tires; major appliances; items containing elemental mercury, Poly-Chlorinated BiPhenyls (PCBs), and chlorofluorocarbons (CFCs); oil; lead; electronics; and other prohibited items. See MPCA website at <http://www.pca.state.mn.us/publications/w-sw4-20.pdf> for a *Pre-Renovation/ Demolition Environmental Checklist Guidance Document* to assist with completion of this rule.

\*Demolition waste must be disposed of at a permitted solid waste facility. MPCA encourages consideration of building material reuse and recycling before demolition/disposal at a permitted solid waste facility, as outlined in Minn. Stat. 115A.02, which establishes preferred management methods based on environmental impact.

Note that some questions are **optional**. For more information on deconstruction/material salvage and reuse, please contact MPCA Sustainable Building Material Management staff: [demo.mPCA@state.mn.us](mailto:demo.mPCA@state.mn.us).

## Renovation, deconstruction, and/or demolition contractor

If there is more than one contractor, please see last page (**optional**).

## Contractor

Name of firm or organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Building owner

Name of owner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Building information

Name of building, if applicable: \_\_\_\_\_

Address/location: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Year built \_\_\_\_\_ Size of building: \_\_\_\_\_ Sq. ft. Number of floors, including basement level(s): \_\_\_\_\_

Prior use of building \_\_\_\_\_

Present use of building \_\_\_\_\_

Future use of building, if applicable: \_\_\_\_\_

**Dates of renovation, deconstruction or demolition:** Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

**Provide a brief description of the planned demolition or renovation & anticipated removal method(s):**  
**Optional for deconstruction**

**If the activity was ordered by a government agency, please identify the agency and attach a copy of the order:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authority: \_\_\_\_\_

Date of order (mm/dd/yy): \_\_\_\_\_ Start date (mm/dd/yy): \_\_\_\_\_

*Notification for an emergency demolition must be submitted as early as possible before demolition begins, but not later than the following working day. A demolition is considered an emergency **only** when the facility has been deemed structurally unsound and in danger of imminent collapse. If the structurally unsound building is known to contain any regulated Asbestos Containing Material (ACM) or is suspected to contain any regulated ACM, special procedures **must** be followed. If you are unaware of the special procedures, instructions/ regulations can be obtained by contacting the MPCA at the phone numbers listed below. Refer to 40 CFR 61.145(a)(3) for additional information.*

If the ACM will become crumbled, pulverized, or reduced to powder during the demolition process it must be removed prior to demolition activities.

**Is nonfriable ACM present in the structure to be demolished?** ☐ Yes ☐ No

**Will nonfriable ACM be present in the structure at the time of demolition?** ☐ Yes ☐ No

*If **Yes** to either question above, complete Items 1-9. If **No** to both questions, complete Items 3-9.*

**1. If ACM will be left in place, indicate the amount of Category I and/or Category II nonfriable ACM left in place.**

Category I: \_\_\_\_\_ Linear feet  
\_\_\_\_\_ Square feet  
\_\_\_\_\_ Cubic feet

**Category I nonfriable ACM** means asbestos-containing packings, gaskets, resilient floor covering, and asphalt roofing products containing more than one percent asbestos.

**Category I nonfriable ACM is not allowed to remain in place for demolition if it is in poor condition.**

Category II: \_\_\_\_\_ Linear feet  
\_\_\_\_\_ Square feet  
\_\_\_\_\_ Cubic feet

**Category II nonfriable ACM** means any material, excluding Category I nonfriable ACM, containing more than one percent Asbestos that, when dry, cannot be crumbled, pulverized, or reduced to a powder by hand pressure.

**Category II nonfriable ACM is not allowed to remain in place for demolition if it has a high probability of becoming crumbled, pulverized, or reduced to a powder during demolition, transport, or disposal (e.g., transite, cement, slate roofing).**

**2. Description and location of ACM remaining in place (including number of floors and rooms):**

**3. Company and/or individual that conducted the building inspection and the procedure used to determine the presence or absence of ACM** (including analytic method).

**Note:** Prior to demolition all structures must be inspected by a licensed asbestos inspector who has been certified through the Minnesota Department of Health.

**4. Description of procedure to be followed in the event that unexpected RACM is found or Category II nonfriable ACM becomes crumbled, pulverized or reduced to powder:**

5. a. Were any materials assessed for salvaging/reuse or for recycling? (optional) ☐ Yes ☐ No

b. If yes, which ones?

c. **Structure/building material management methods (optional).** Use this section to describe the destination or end use of the materials

| Material           | Management method<br>(Reused/salvaged, recycled, sent to landfill, etc.) | Company/Organization | Location<br>(City/township, State) |
|--------------------|--------------------------------------------------------------------------|----------------------|------------------------------------|
| Concrete:          |                                                                          |                      |                                    |
| Masonry:           |                                                                          |                      |                                    |
| Ferrous metals:    |                                                                          |                      |                                    |
| Non-ferrous metals |                                                                          |                      |                                    |
| Whole items*       |                                                                          |                      |                                    |
| Wood               |                                                                          |                      |                                    |
| Miscellaneous**    |                                                                          |                      |                                    |

\*Example: fixtures, whole doors, etc.

\*\*Miscellaneous materials include shingles, drywall, carpet, etc.

## 6. Waste transporter information

Transporter name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 7. Permitted waste disposal site information (\*see below for more information)

Facility name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Contractor signature:** By typing my name below, I certify that the above information is correct and I am a bonafide representative of the demolition contractor or building owner and have authority to enter into agreements for my employer.

**By typing/signing my name below,** I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(This document has been electronically signed.)

Date (mm/dd/yyyy): \_\_\_\_\_

**Building owner signature optional:** By typing my name below, I certify that I approve of the building material management system outlined by the contractor.

**By typing/signing my name below,** I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(This document has been electronically signed.)

Date (mm/dd/yyyy): \_\_\_\_\_

**A copy of this form should be sent to the local governing authority. Has a copy been sent?** ☐ Yes ☐ No

Check local ordinances if submittal is required; **otherwise optional.**

\*Minn. R. 7035.0805 states lead paint not firmly adhered to the substrate is required to be removed prior to demolition or renovation. For purposes of this item, "lead paint" means a coating that contains one-half of one percent (0.5 percent) or more or 5,000 parts per million (5,000 ppm) or more of total lead by weight in the dried film, as determined by acid digestion and analysis, or contains one milligram per square centimeter (1.0 mg/cm<sup>2</sup>) or more of lead, as determined by X-ray fluorescence analyzer; MPCA encourages the proper management of lead based paint.

If there's more than one contractor on this project, please list them here **(optional)**.

**Contractor**

Name of firm or organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Contractor**

Name of firm or organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_