BUILDING DEMOLITION APPLICATION

City of		Date:					
RED WING	Ğ	Site Addre	ess:				
·				OWNER INFORMATION	ON	CONTRACTOR INFORMAT	ION
Community Development 419 Bush Street, Red Wing, MN 55066		Name: Address:			Name:		
						Address:	
Phone: (651) 385-3623							
Fax: (651) 388-4782		Phone:			Phone:		
		Email:				Email:	
Applicant is:		Contractor		Other (describe)			
Approximate Demolition Date(s):							
Type of building(s) to be demolished:		Residential		Commercial			
3(-)							
Describe work being done disposal pla	ns.						
						For the property Opening and (OF4) OPE O400	
s there a well or septic on this property	?	□ No		•	-	Environmental Services at (651) 385-6130.	
s there a well or septic on this property	r? n work	□ No		•	-	Environmental Services at (651) 385-6130. v, sign and make comments if aplicable. COMMENTS	
s there a well or septic on this property on order to obtain a permit for demolition ORGANIZATION	r? n work	☐ No in the City of Re		ng, the following departmen	ts must review	v, sign and make comments if aplicable.	
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No follow up by phone when necessary. Owner/Contractor must contact all private utilities prior to demolition. Call 1-800-628-2121 for Xcel Energy Gas & Electricity or your provider. Xcel customers may also go online to https://xcelenergy.force.com/FastApp/BP_Login.

Applicant Signature:	