

Date Received: _____

PERMIT NO: _____

**APPLICATION FOR BUILDING PERMIT
DEMOLITION
CITY OF KASSON, MINNESOTA**

Applicant: _____	Phone No.: _____
Address: _____	
Contractor: _____	Phone No: _____
State License No: _____	
Building Site Location/New Address: _____	
Structure to be demolished: _____	

PLEASE REFER TO THE FEE SCHEDULE FOR DEMOLITION DEPOSITS.

**THE ATTACHED ITEMS ARE CONDITIONS
FOR PERMIT ISSUANCE FOR DEMOLITION.**

STRICT COMPLIANCE IS MANDATORY.

Call CMS for information and inspections at 507-282-8206

Jay Kruger
CMS Building Official

I hereby declare that I am the Owner, or authorized agent of the owner of the above described property and I agree to construct the building or use herein described in accordance with the regulations and ordinances that govern said improvement within the City of Kasson and that the foregoing information contained on this permit is a true and correct statement of my intentions.

Date: _____ Signed by Applicant: _____
Please Print Name: _____

=====

APPROVED BY: _____ DATE: _____

Total Amount Due: \$176.00

Deposit Amount: \$2,500.00