



City of Belle Plaine  
 North 218 Meridian Street  
 PO Box 129  
 Belle Plaine, MN 56011

**Inspection Department**  
 Building Official, Jim Tieg  
**Phone: 952-873-5553**  
 Email permits to: [permitting@belleplainemn.gov](mailto:permitting@belleplainemn.gov)

# BUILDING PERMIT APPLICATION

## Building Permit:

Mechanical Permit:  
 Plumbing Permit:

<b>SITE</b>	<b>ADDRESS:</b>	<b>P.I.N.:</b>
<b>OWNER NAME:</b> (and Address if different than Site Address)		<b>Phone:</b>
		<b>Email:</b>

<b>STRUCTURE USE:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<b>WORK CLASSIFICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Replacement/Repair
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**PERMIT TYPE:**  Finish Basement    Re-roof    Re-side    Re-window    Garage    Pool    Demolition  
 Solar    Shed (if over 200 sq. ft.)    Change of Occupancy    Other \_\_\_\_\_

<input type="checkbox"/> <b>HOMEOWNER</b> <input type="checkbox"/> <b>CONTRACTOR</b>	<b>CONTRACTOR:</b> Contact: Address: City, State, Zip:	License: Phone: Email:
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<b>WORK DESCRIPTION:</b>	Estimated Value: \$
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Signature of this application by the legal property owner or a licensed contractor, as the owner's representative is required and authorizes the City of Belle Plaine Zoning Administrator or designee and the City of Belle Plaine Building Official or designee to enter upon the property to perform needed inspections. If entry is refused, the Building Official shall have recourse to the remedies by law to secure entry. Permit may be suspended or expired when building and work is not commenced within **180 days** from the date of Permit issued, or if building and work suspended, abandoned or not inspected for **180 days**. I agree to pay all plan review fees, even if I choose not to proceed with the work. Refunds shall be per the City of Belle Plaine Fee Schedule. A request in writing shall be submitted within 180 days of fee payment by the original applicant. **I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions, and to abide by all of the ordinances of the City and the Laws of the State of Minnesota regarding actions taken pursuant to this permit.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICE USE ONLY

Date Received:	Permit Valuation: \$
Zoning District:	Type of Construction: <input type="checkbox"/> VB <input type="checkbox"/> Other
Structure Height:	Occupancy Type: <input type="checkbox"/> IRC-1 <input type="checkbox"/> Other
Code Used: <input type="checkbox"/> IRC <input type="checkbox"/> IBC <input type="checkbox"/> Other _____	Sprinkled Building: <input type="checkbox"/> Yes <input type="checkbox"/> No
Setbacks: <i>Proposed:</i> Front:   Rear:   Side:   Side:	
Required: Front: 30'   Rear: 5' or 30'   Side: 0', 5' or 10'   Side: 0', 5', 10' or 20'	

Comments:

### BUILDING PERMIT FEES

### TRANSACTION

Permit Fee: \$	Date Received:
Plan Review Fee: \$	Form of Payment:
State Surcharge: \$	Issue Date:
Other: \$	Transaction Number:
Building Permit Total: \$	Issued By:

<b>Building Official or Designee:</b>	<b>Date:</b>
<b>Zoning Administrator or Designee:</b>	<b>Date:</b>



# City of Belle Plaine Demolition Permit Checklist

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

**OWNER INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**CONTRACTOR:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**CHECKLIST: Please complete the following checklist**

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed permit application submitted to the City.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Submitted two sets of site plans verifying the location and size of structure(s) being demolished.
			<b>OR</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Submitted two sets of plans showing area of interior demolition work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided a written description and/or site plan identifying the type of pedestrian protection being provided. Describe type, location, and height of fencing to be used. Provided an explanation if pedestrian protection is not being proposed.

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilities have been properly terminated.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A "Notification of Intent to Perform a Demolition" (not required for single family dwellings) has been submitted to the Minnesota Pollution Control Agency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I certify all wells been properly abandoned in accordance with State Health Department Regulations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I certify all septic tanks been pumped and removed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided a written description of building demolition method on the building permit application form or under separate cover. If description not previously submitted, please describe here:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I certify there are/are not any underground storage tanks on site. If there are underground storage tanks on site, I certify they have been removed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A performance bond, letter of credit, escrow, or other security been provided if required by the City of Belle Plaine.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I certify all hazardous materials been removed and disposed of in accordance with Minnesota Pollution Control Agency standards.

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Applicant Signature

Date

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Owner Signature

Date



# Pre-Renovation/Demolition Environmental Checklist

Asbestos Program

Doc Type: Compliance/Enforcement Correspondence

**Minn. R. 7035.0805 requires that you remove the items below before starting a renovation or demolition project, and then manage and recycle or dispose of them correctly. This checklist is provided to help you manage the project and does not need to be submitted to the Minnesota Pollution Control Agency unless requested.**

## Project Information

### Structure owner

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

### Demolition contractor

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

### Structure information

Building name: \_\_\_\_\_  
 Address/Location: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Age of bldg (yrs): \_\_\_\_\_ Size of bldg (sq ft): \_\_\_\_\_  
 Present use of bldg: \_\_\_\_\_  
 \_\_\_\_\_  
 Prior use of bldg: \_\_\_\_\_

### Dates of renovation, demolition, or fire training burn:

Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
 (mm/dd/yy) (mm/dd/yy)

Mercury	Qty		Qty		Qty
<b>Batteries</b>		Firestats:		Boiler insulation:	
Smoke detectors:		Manometers:		HVAC duct insulation:	
Emergency lighting systems:		Thermometers:		Ductwork flexible fabric connections:	
Elevator control panels:		<b>Boilers, furnaces, heaters, and tanks</b>		Fireproofing materials:	
Exit signs:		Mercury flame sensors by pilot lights:		Fire doors:	
Security systems and alarms:		Manometers, thermometers, gauges:		<b>Flooring:</b>	
<b>Lighting</b>		Pressure-trol:		Vinyl floor tile:	
Fluorescent lights:		Float or level controls:		Vinyl sheet flooring:	
<b>High intensity discharge</b>		Space heater controls:		Asphalt tile:	
Metal halide:		<b>Electrical systems</b>		Linoleum paper backing:	
High pressure sodium:		Load meters & supply relays:		Mastic/glue (floor tile, carpet, etc.)	
Mercury vapor:		Phase splitters:		<b>Electrical</b>	
Neon:		Micro relays:		Electrical panels:	
Switches for lighting using mercury relays (look for any control associated with exterior or automated lighting systems):		Mercury displacement relays:		Electrical wiring insulation:	
"Silent" wall switches:		Asbestos		Heating and electrical ducts/conduit:	
<b>Heating, ventilating, and air conditioning systems</b>		<b>Boiler rooms</b>		<b>Pipe and other insulation</b>	
Thermostats:		Boilers, furnaces, fireplaces, and their components:		Aircell (corrugated cardboard):	
Aquastats:		Cement sheets near heating equipment:		Millboard:	
Pressurestats:				Preform:	
				Joint compound:	

	Qty		Qty		Qty
Asbestos (continued)					
Spray applied insulation:		ChloroFluoroCarbons		Lead-acid batteries (lighting, exit signs, security systems):	
Blown-in insulation:		Fire extinguishers (both portable and installed halon suppression systems):		Lead flashing molds and roof vents:	
Block:		Air conditioners (rooftop, room, and central):		Lead pipes and solder:	
<b>Surfacing materials</b>		Walk in coolers (refrigeration or cold storage areas):		Lead-lined X-ray rooms:	
Acoustical plaster:		Water fountains and dehumidifiers:		Other	
Decorative plaster:		Refrigerators/freezers chillers:		Solid waste (all non-building components such as unattached carpet, files, books, trash, desks, chairs, etc.) must be removed prior to demolition:	
Textured paints & coatings:		Heat pumps:		Hazardous waste (including household) must be properly handled and disposed of prior to demolition:	
Spray-applied materials (acoustical, decorative, or insulative):		Vending machines/food display cases:		Oil (used oil, hydraulic oils in door closers, elevator shafts, etc.) must be collected and properly disposed of prior to demolition:	
<b>Roofing</b>				Tanks (no evidence of former heating tanks or storage tanks exist):	
Roofing shingles:		Poly-Chlorinated BiPhenyls (PCBs)		Appliances must be recycled by an appliance recycler:	
Roofing felt:		Transformers:		Electronics:	
Base flashing:		Transistors:			
<b>Cement materials (Transite)</b>		Capacitors:			
Cement pipes (flues & vents):		Heat transfer equipment:			
Cement wallboard:		Light ballasts:			
Cement siding:					
Pegboard:		Lead			
<b>Ceiling materials</b>		Lead-based paint (woodwork, metal equipment, interior/exterior uses):			
Ceiling tiles:					
Ceiling tile adhesives (pucks):					
Lay-in ceiling panels:					
Acoustical tiles:					
<b>Miscellaneous</b>					
Taping, joint, and spackling compound:					
Caulking/putties:					
Fire curtains and blankets:					
Laboratory hoods, table tops, gloves, etc.:					
Gaskets:					

If you have questions or comments about this checklist, identify any additional items not found in this list, or would like to discuss an individual project, contact the Minnesota Pollution Control Agency at 651-296-6300 or 1-800-657-3864.

Affiliation with project: \_\_\_\_\_ Title: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Note:**

**This guidance document is not intended as a substitute for reading Minnesota Rules and Statutes and making your own independent determination of their applicability to your renovation/demolition project. Examples in this guidance document do not represent an exhaustive listing of type of materials that may be required to be removed from a building prior to renovation/demolition.**

**Type of notification:**  Original  Amended  Project cancellation

**Notification must be postmarked or received ten (10) working days before demolition begins. See Item 5 for emergency demolitions. Both start and end dates should be amended in writing as necessary 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 using the submit button at the end of the form, or attach the form to an email message, using Demolition/Renovation notification 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; or fax to 651-297-1438. If you have any questions, contact the MPCA Asbestos Coordinator Kit Grayson at 218-302-6627.

## Demolition 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: \_\_\_\_\_

Address/Location: \_\_\_\_\_ County: \_\_\_\_\_

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

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

Age of building: \_\_\_\_\_ yrs Size of building: \_\_\_\_\_ sq.ft. Number of floors, including basement level(s): \_\_\_\_\_

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

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

**Dates of demolition or intentional burning** Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
*mm/dd/yyyy mm/dd/yyyy*

**Note:** If the combined amount of Regulated Asbestos Containing Material (RACM) exceeds 260 linear feet, 160 square feet, or 35 cubic feet in the facility to be demolished, it must be removed by a licensed asbestos contractor prior to demolition. The State of MN-Notice of intent to perform an asbestos abatement project <http://www.pca.state.mn.us/publications/w-sw4-06.doc> must be used to notify for the asbestos removal.

**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 both questions above, complete Items 1-9. If **No** to either question, 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 planned demolition and the specific method(s) that will be used:

5. If the demolition 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 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.

6. 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:

7. Waste transporter information:

Transporter name: \_\_\_\_\_
Mailing address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

8. Permitted waste disposal site information: \*see below for more information

Landfill name: \_\_\_\_\_
Mailing address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

9. 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.

Print name: \_\_\_\_\_ Title: \_\_\_\_\_
(This document has been electronically signed.)
Date: \_\_\_\_\_

Important Note: Ensure you are in compliance with Minn. R. 7035.0805 prior to the commencement of renovation/demolition. 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. For other disposal option please contact the regional MPCA solid waste compliance/enforcement staff with any questions.