



130 Southgate Drive – Suite 200
Aitkin, MN 56431
(218) 927-2527

Permit #: _____
Issued On: _____
Fee Paid: _____
Receipt #: _____

Demolition Permit Application

Name of Applicant _____

Address _____

City, State, Zip _____

Phone _____ Alternate Phone _____

Physical Address / Location of Property _____

Legal Description of Property _____

Parcel ID Number _____ Zoning District _____

Applicant is:

- Legal Owner of Property
- Contract Buyer
- Option Holder
- Agent
- Other _____

Title Holder of Property (if different than applicant):

Name _____
Address _____
City, State, ZIP _____
Phone _____

State the nature of your request in detail. What are you proposing for your property?

Signature of Owner, authorizing application _____

(By signing, the owner is certifying that he/she has authority to authorize this application.)

Signature of Applicant (if different than owner) _____

(By signing, the applicant is certifying that he/she has authority to authorize this application.)

\$76 Demolition Permit Fee - *This is for 1 final inspection. The city may bill an additional \$55 per hr. for additional inspections if work is found unsatisfactory.
