



DEMOLITION PERMIT APPLICATION

TOWN OF MINTURN BUILDING DEPARTMENT
 P.O. Box 309 - 302 Pine Street - Minturn, Colorado 81649
 Phone: 970-827-5645 Email: building@minturn.org



SAFEBUILT: Derek Place, Deputy Building Official
 Phone: 303-210-1049 Email: dplace@safebuilt.com

Property Owner and Site Address:

Property Owner: _____

Street Address: _____

Parcel Number(s): _____

Applicant:

Name: _____	Company: _____
Mailing Address: _____	Phone Number: _____

Dates and Duration of Demolition:

From: _____	To: _____
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Utility Sign Offs / Asbestos Report: (check all that apply) -

- Asbestos Report (attach)
- Public Works – Minturn Water
- Xcel Gas
- Xcel Electric
- ERWSD Sewer
- Telephone
- Cable

I agree, on behalf of the agency I represent, to hold the Town of Minturn, it's officers and employees and agents harmless and to indemnify them in any case of liability arising from the above described. Furthermore, I agree to control the dust and erosion resulting from the demolition, as needed. This includes but is not limited to, watering the site and cleanup.

Applicant: _____ DATE: _____

Town of Minturn
 APPLICATION ACCEPTED BY: _____ DATE: _____