



**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](mailto:building@minturn.org)



**SAFEBUILT:** Derek Place, Deputy Building Official  
 Phone: 303-210-1049 Email: [dplace@safebuilt.com](mailto: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: (Provide the following documentation:) -**

Asbestos Report (attach)

Colorado Dept of Public Health & Environmental Demolition Permit

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: \_\_\_\_\_