



DEMOLITION PERMIT APPLICATION

TOWN OF MINTURN BUILDING DEPARTMENT
P.O. Box 309 - 302 Pine Street - Minturn, Colorado 81645
Phone: 970-827-5645 Email: building@minturn.org



Colorado Code
Consulting, LLC

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:
Utility Sign Offs / Asbestos Report: (Provide the following documentation:) -	
<input type="checkbox"/> Asbestos Report (attach) <input type="checkbox"/> Colorado Dept of Public Health & Environment Demolition Permit <input type="checkbox"/> Public Works – Minturn Water <input type="checkbox"/> Xcel Gas <input type="checkbox"/> Xcel Electric <input type="checkbox"/> ERWSD Sewer <input type="checkbox"/> Telephone <input type="checkbox"/> Cable	
<p>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.</p> <p>Applicant: _____ DATE: _____</p>	

Town of Minturn
APPLICATION ACCEPTED BY: _____ DATE: _____