

# City of Minden

P.O. Box 239, 325 N. Colorado  
Minden, Nebraska 68959

phone 308.832.1820  
fax 308.832.1949  
www.MindenNebraska.org



## **APPLICATION TO RAZE/DEMOLISH A BUILDING**

**ALLOW A MINIMUM OF 5 BUSINESS DAYS FOR PROCESSING BEFORE DEMOLITION BEGINS**

Application is hereby made to raze a building on:

Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

Address \_\_\_\_\_

Present Use \_\_\_\_\_

Building Owner \_\_\_\_\_

Demolish/Razing Contractor \_\_\_\_\_

Method of Razing \_\_\_\_\_

How/Where material disposed \_\_\_\_\_

Square Footage of Building \_\_\_\_\_

Razing will begin on \_\_\_\_\_ And Occupy \_\_\_\_\_ days.

### **STEP 1: ASBESTOS REPORT**

State Law requires an asbestos inspection and report prior to demolition of any structure. Prior to City approval of demolition, **the City needs a copy of the asbestos report, along with any remediation plans**, if necessary. Approved landfill disposal is required; a copy of the Landfill Disposal Receipt is required before the permit will be issued.

**Asbestos inspection companies:** MILCO Environmental Services, Inc (308) 237-5923 and B2 Environmental, Inc (402) 330-0763.

**Asbestos removal companies:** Great Plains Asbestos Control (308) 234-3350.

**Homeowner removal:** dispose at Prairie Hill Landfill (308) 995-5575. (Must prearrange disposal).

Report Received Date \_\_\_\_\_ Report Cleared Date \_\_\_\_\_

### **STEP 2: CERTIFICATE OF LIABILITY**

The City of Minden Code requires proof of liability insurance in the minimum amounts of:

- General Liability \$1,000,000
- Worker's Compensation Limits
  - \$500,000 Each Accident
  - \$500,000 Disease per Policy
  - \$500,000 Disease per Employee Accident/Disease
- Combined Single Limit (CSL) for Auto \$1,000,000
- An umbrella policy may be provided to show adequate coverage if the insurance policy does not meet or exceed the requested limits.



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## **STEP 7: SIGNATURES OF PROPERTY OWNER & CONTRACTOR**

PROPERTY OWNER--I hereby certify that the information is correct and that all work is being done according to City ordinances.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Building Owner or Agent

CONTRACTOR--I hereby acknowledge as the Razing/Demolish Contractor for the above-mentioned structure, that prior to backfilling any of the area from which the structure was razed, that I or my designee will contact the proper City Officials to have the site inspected to verify that all the debris has been removed from the site.

**Demolition companies:** Blessing Construction LLC (308) 237-7998 and A&L Leveling (308) 830-0427.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Razing/Demolish Contractor

## **STEP 8: RETURN COMPLETED FORM & DEMO FEE**

Return to City Hall at 325 N. Colorado:

- Completed form with all signatures
- Copy of the asbestos report and remediation if necessary
- Certificate of Liability Insurance
- \$50 demolition fee payable to City of Minden

## **STEP 9: ISSUANCE OF PERMIT & AFTER DEMO INSPECTION**

The property owner will be contacted once all information has been verified and the permit has been issued. The permit is to be displayed at the demolition site.

After demolition is complete, please contact the City's Building Inspector, Justin Cline, at (308) 830-9456 for an inspection. **The inspection must be completed prior to backfilling the area.**

After Demo Inspection Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Verifying City Official)