



Demolition Permit Application

8555 Kalamazoo Avenue SE • Caledonia MI 49316
 Phone: 616 698-6640 Fax: 616 698-2490
 John Stuyfzand – Building Official • 616 433-8560
www.gainestownship.org

| |
|--|
| Application Date: |
| Authority: 1972 PA 230 Completion: Mandatory to obtain permit Penalty: Permit cannot be issued |

Identification

| | | |
|----------------------|--------|---------|
| Name of Owner/Agent: | | |
| Street Address: | | |
| City: | State: | Zip: |
| Phone: | Cell: | E-Mail: |

Location of Project

| | |
|---------------------------------------|------|
| Address: | |
| City: | Zip: |
| Permanent Parcel Number (PPN): 41-22- | |

Applicant

| | | | |
|---|------------------|-----------------|------------------|
| Is the Applicant the <input type="checkbox"/> Contractor <input type="checkbox"/> Owner | Contractor Name: | License Number: | Expiration Date: |
| Business Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Phone: | Cell: | E-Mail: | |

Type of Job (Description of demolition.)

| | | | |
|---|--|--|---|
| <i>Residential and commercial: This section <u>must</u> be included and contain a general description of the project.</i> | | | |
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Post Frame Building | <input type="checkbox"/> Mfg'd Home Setup |
| <input type="checkbox"/> Two Family | <input type="checkbox"/> Attached Accessory Bldg | <input type="checkbox"/> Other (describe): | |

Application Signature

Section 23A of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being section 125.1523A of the Michigan Compiled laws, prohibits a person from conspiring to circumvent the licensing requirements of the State relating to persons who are to perform work on a residential building or a residential structure.

The applicant named on this application is responsible for the payment of all fees and charges applicable to this application.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to the proposals submitted and approved herein, and all applicable laws of the Charter Township of Gaines and the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

Signature of Licensee or Owner

| | |
|------------------|-------|
| Name (Signature) | Date: |
| Name (Printed) | |

Required Approvals (For completion by the Township):

| Description: | Required | Approved | Approved By: | Notes: |
|---|----------|----------|--------------|--------|
| Disconnect / Abandonment Water Permit | | | | |
| Or: Well Log | | | | |
| Disconnect / Abandonment Sewer Permit | | | | |
| Or: Pump & Removal of Septic Tank with Pump Tag | | | | |
| Inspection of disconnect before issuance of Demolition Permit | | | | |
| Gas Disconnect Copy | | | | |
| Electric Disconnect Copy | | | | |
| Inspection of site after demolition | | | | |

| | |
|---|----------------------------|
| Building Permit Number: <i>Subject to Field Inspection</i> | Approval Signature: |
| Issue Date: | |
| Permit Fee: Greater of \$.07 per sq ft plus one \$50 Administrative Fee, or a minimum fee of \$90. | |

Any completed application shall be granted, in whole or in part, or denied within ten (10) business days, except in case of an unusually complicated building or structure, action shall be taken within fifteen (15) days. The term completed application shall mean an application which has had all required reviews and approvals, including Building Plan Review, prior to submission to the Building Department.