

# DEMOLITION

## PERMIT APPLICATION CHECKLIST

(Return with **DEMOLITION PERMIT APPLICATION**)

Permit application for \_\_\_\_\_

Job Address \_\_\_\_\_

Owner's Name \_\_\_\_\_

Contractor's Name \_\_\_\_\_

Before a permit may be issued all of the following documentation must be submitted or justified as non-applicable. Please indicate by checkmark that each item has been enclosed with the application.

- 1. LOT DIAGRAM or PLOT PLAN on back of first page of the application.  
(Required for all applications)
- 2. PROOF OF OWNERSHIP (deed, land contract, tax statement, etc.)
- 3. PROPERTY TAX I.D. NUMBER FOR THE PROPERTY INVOLVED.
- 4. PROOF OF UTILITY DISCONNECTIONS: documentation from utility companies servicing structure that services have been removed for demolition.
  - Electric Service
  - Gas Service
  - Water/Sewer Service (sewer authority to cap)
- 5. Is the structure within 500 feet of water? YES / NO  
If YES, a SOIL EROSION PERMIT is required.
- 6. Regulated/controlled materials (i.e. contaminated materials, asbestos, underground storage tanks, etc.) are present on the site. YES / NO  
If YES, appropriate authorities must be contacted, and material disposed properly.

### RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility of the applicant to call for all required inspections or before any electrical, plumbing, mechanical, or structural work is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any electrical, mechanical, plumbing or building permits.

BUILDING DEPARTMENT OFFICE HOURS are 1:00pm to 5:00pm, Monday through Friday and All Day Wednesday.  
TELEPHONE at 517-641-4238; by MAIL at 14480 Webster Rd, PO Box 247, Bath, MI 48808; or by FAX at 517-641-4170.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE CALL SHOULD YOU REQUIRE FURTHER ASSISTANCE IN COMPLETING APPLICATIONS.**

# DEMOLITION PERMIT APPLICATION

Date \_\_\_\_\_  
 BATH TOWNSHIP

Bath Township Building and Zoning  
 PO Box 247, (14480 Webster Rd)  
 Bath, MI 48808  
 Phone: 517-641-4238  
 Fax: 517-641-4170

Permit # \_\_\_\_\_  
 Accessory/detached structures demolition

Job Address: \_\_\_\_\_ Property Tax Id No. \_\_\_\_\_

Owner \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail address \_\_\_\_\_

Basic Dimensions: \_\_\_\_\_ ft x \_\_\_\_\_ ft. No. of floors \_\_\_\_\_ Building Height \_\_\_\_\_

Type of Construction \_\_\_\_\_

**PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:**

- |   |                                    |
|---|------------------------------------|
| _____ Sq. ft. shed                          | _____ cement slab & thickened edge |
| _____ Sq. ft. pole building                 | _____ cement slab (3 1/2" - 4")    |
| _____ Sq. ft. porch on pole building        | _____ rafters _____ " O.C.         |
| _____ Sq. ft. pool                          | _____ trusses _____ "O.C.          |
| _____ Sq. ft. deck for pool                 | _____ metal roof                   |
| _____ Sq. ft. unattached frame garage       | _____ asphalt shingles             |
| _____ Sq. ft. storage building & foundation | _____ metal exterior               |
| _____ Sq. ft. demolition                    | _____ aluminum/vinyl exterior      |
| _____ Lineal ft. fence                      | _____ brick exterior               |
| _____ Type of fence                         | _____ block exterior               |
| _____ Height of fence                       | _____ wood exterior                |
| _____ Other                                 | _____ Number of windows            |
|   | _____ Number of garage doors       |

**Office Use Only**

Zoning District \_\_\_\_\_  
 Use Group \_\_\_\_\_  
 Type of Construction \_\_\_\_\_  
 Permit Determinant \_\_\_\_\_

**COST OF PERMIT: \$** \_\_\_\_\_

**By:** \_\_\_\_\_  
 Building Official

Make checks payable to: **BATH Township**

Contractor		Phone	Fax
Fax		Cell	
Address		City & State	Zip Code
Federal D No/Social Security No.		MESC Employer No.	
License No.	Expiration Date	Worker's Disability Compensation Carrier	
EMAIL			
If exempt from any of the above, explain here:			

**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 this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23A are subject to civil fines.**

**HOMEOWNER'S AFFIDAVIT and SIGNATURE**

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**AGENT'S/CONTRACTORS AFFIDAVIT and SIGNATURE**

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE INFORMATION ON SECOND PAGE**

# DEMOLITION PERMIT APPLICATION SECOND PAGE

## LOT DIAGRAM

Owner: \_\_\_\_\_ Job Address: \_\_\_\_\_

Address: \_\_\_\_\_

Tax I.D.: \_\_\_\_\_

### PLEASE PROVIDE ALL OF THE FOLLOWING:

- |                              |   |  |
|------------------------------|---|--|
| (1) Draw lot lines in feet   | (4) Draw proposed construction                            | (7) Draw lakes, streams, and wet lands within 500 feet |
| (2) Label street             | (5) Show dimensions of all buildings                      | (8) Contractor/owner will stake 2 adjacent lot lines   |
| (3) Draw existing structures | (6) Show distance from all sides of building to sidelines |  |

Signature of Applicant/Agent \_\_\_\_\_

Date \_\_\_\_\_