

Plainfield Township Building Department
Application for Demolition Permit
P.O. Box 247 Hale, MI 48739
PHONE (989) 728-2811 FAX (989)984-6004
Authority: P.A. 230 of 1972 As Amended

Demolition work shall not be started until the application for permit has been reviewed and the permit has been issued. All work shall be in conformance with the Residential Building Code. When ready for an inspection, call the Building Department at (989) 728-2811 providing a 24-48 hour notice.

JOB LOCATION _____ **TOWNSHIP/RANGE/SECTION** _____

DIRECTION TO JOB _____

Type of Job:

Demolition Please provide a brief description of the demolition job to be done. Specify buildings to be removed

OWNER

CONTRACTOR

First Name _____

Business Name _____

Last Name _____

Licensee _____

Address _____

Address _____

City _____

City _____

State, Zip _____

State, Zip _____

Phone # / E MAIL _____

Phone # / E MAIL _____

Estimated Project Cost _____

State License # _____ **Expires** _____

PLANS MAY BE REQUIRED.

A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED BUT MAY BE REINSTATED.

ALL DEMOLITION PERMITS ARE SUBJECT TO LOCAL ORDINANCE ENFORCEMENT.

APPLICANT SIGNATURE

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, 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 subjected to civil fines.

HOMEOWNER AFFIDAVIT

I hereby certify the demolition work described on this permit application shall carried out **by myself (property owner) or a licensed contractor**. All work shall be completed in accordance with the Residential Building Code and be inspected and approved by the Building Inspector. I will cooperate with the Building inspector and assume the responsibility to arrange for necessary inspections.

_____ Signature of Licensee or Homeowner (Homeowner signature indicates compliance with above affidavit).	_____ Date
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ENVIROMENTAL INFORMATION: APPLICANT MUST PROVIDE DOCUMENTS OF APPROVALS

- A. HEALTH DEPARTMENT APPROVAL: REQUIRED FOR WELL PLUGGING
Health Department contact...989-362-6183
- B. SOIL EROSION REVIEW: REQUIRED WHENEVER LAND IS DISTURBED FOR MORE THAN 24 HOURS (FOUNDATION, GRADING, ETC) WITHIN 500 FEET OF A WATERWAY OR WETLAND OR WHEREVER ONE OR MORE ACRES OF LAND IS DISTURBED. WATERWAY INCLUDES LAKES, STREAMS, CANALS, ACTIVE COUNTY DRAINS.

BUILDING DEPARTMENT VALIDATION: MAKE CHECKS PAYABLE TO PLAINFIELD TOWNSHIP

Demolition Permit Fee is \$50.00

DEMOLITION PERMIT FEE \$ _____ DATE _____ ADDITIONAL FEES _____

RECEIPT NUMBER# _____

DATE _____

DEMOLITION PERMIT ISSUED: _____

APPROVAL BY : _____ DATE _____

The inspector’s telephone number shall be provided on the permit form. When ready for an inspection, call this office providing as much advance notice as possible. Please have the Permit Number and job address when calling.

The Building and Zoning Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. (If you need help with reading, writing, hearing, etc. under the Americans with Disabilities Act, you may make your needs known to this agency.

Authority: 1972 PA 230

Completion: Mandatory

Penalty: Permit cannot be issued

GENERAL INFORMATION:

APPLICATION FEE IS NON-REFUNDABLE

COMMERCIAL DEMOLITIONS ARE REQUIRED TO HAVE **DEQ** LEAD AND ASBESTOS REPORTS.

THE BURNING OF BUILDING MATERIALS IS PROHIBITED IN PLAINFIELD TOWNSHIP.

WORK STARTED WITHOUT PERMIT IS AN ADDITIONAL \$100.00 OR FEE EQUAL TO PERMIT FEE, WHICHEVER IS LESS.