

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

DEMOLITION PERMIT (Commercial)

Permit # \_\_\_\_\_

AGS Building Department
8721 Gull Road Ste. B
Richland, MI 49083
Phone: 269-629-0600 Toll Free: 800-627-2801
Fax: 269-629-0601

Job Location: \_\_\_\_\_ Property tax: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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

No. of Floors: \_\_\_\_\_ Bldg. Height: \_\_\_\_\_

For Office Use Only
Zoning District \_\_\_\_\_
Use Group \_\_\_\_\_
Type of Construction \_\_\_\_\_
Permit Determinate \_\_\_\_\_

NONRESIDENTIAL - Describe in detail proposed use of building, e.g., food processing plant, machine shop, laundry building at hospital, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. Explanation of Demolition :

REQUIRED DOCUMENTS

- Site Plan Approval
Site Plan
Variance Approval (if applicable)
3 Sets of Sealed Drawings & Specs
1 Digital copy of Sealed Drawing
P.A. 135 Disclosure

ADDITIONAL PERMITS REQUIRED

- Curb or Sidewalk Cut
Electrical
Mechanical
Plumbing
Sign or Billboard
Demolition
Erosion Control
Sanitary Sewer Tap
Storm Sewer Connection

PLAN REVIEW \$ \_\_\_\_\_

COST OF PERMIT \$ \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_

Building Official
Make Checks Payable to:

Engineer/Architect: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information

Table with fields: Name, Phone, Fax, Address, City, State/Zip Code, Fed ID# or SS#, MESC Emp #, Worker's Disability Comp Carrier, License #, Exp Date, Exempt Reason.

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 the persons who are to perform work on a residential building or residential structure. Violators of Section 23a are subject to civil fines.

AGENT'S AFFIDAVIT

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 authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

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

**DEMOLITION PERMIT** SECOND PAGE  
**LOT DIAGRAM**

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

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

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

- |                              |                                                           |                                                        |
|------------------------------|-----------------------------------------------------------|--------------------------------------------------------|
| (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 \_\_\_\_\_

# DEMOLITION

## PERMIT APPLICATION CHECKLIST

(Return with 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 Service
  - \_\_\_ Public Sewer Service (Disconnection permit required).
- \_\_\_ 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 (Associated Government Services, Inc.) OFFICE HOURS are 8:00 am to 12:00 and 1:30pm to 4:30pm, Monday through Friday. The HOME OFFICE may be contacted by PHONE at 269-629-0600 or 1-800-627-2801 (an answering system operates 24 hours a day to obtain information, forms, and inspections); by MAIL at 8721 Gull Road, Suite B, Richland, MI, 49083; or by FAX at 269-629-0601.

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

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