

CHIKAMING TOWNSHIP

13535 Red Arrow Hwy. P.O. Box 40 Harbert, MI 49115
ph: 269-469-1676 fax: 269-469-4416 www.chikamingtownship.org



DEMOLITION PERMIT APPLICATION

DEMOLITION PERMIT FEE \$200- MAKE CHECK PAYABLE TO CHIKAMING TOWNSHIP

CONTRACTOR INFORMATION ONLY (PLEASE PRINT OR TYPE)

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE (REQUIRED) (____) _____ - _____ EMAIL _____

RESIDENTION BUILDER'S OR ALTERATION AND MAINTENANCE CONTRACTOR LICENSE: _____ EXP: _____

LOCATION INFORMATION:

Address _____ Parcel # _____

Structure type: ___ Single Family ___ Multi Family ___ Out building ___ Commercial/Industrial

Structure(s) to be demolished _____

Demoliton Start Date: _____ Miss Dig ID # _____

Check If On Property: ___ WELL ___ SEPTIC ___ SEWER ___ MUNICIPAL WATER

Would you be interested in allowing the Township's Public Saftey Departments to train in the structure prior to demolition YES ___ NO ___. If yes what is the best phone number for a member of the police or fire department to contact you at? (____) _____ - _____

REQUIRED INSPECTIONS: IT IS THE CONTRACTORS RESPONSIBILITY TO CALL IN AND REQUEST THE REQUIRED INSPECTIONS 269-757-7177

INSPECTIONS REQUIRED:

1. CLEAN HOLE. No debris larger than 12-inch diameter.
2. SEWER PLUG AND WATER LINE. Mechanical plug only: concrete or similar plug not acceptable
3. FINAL after topsoil, seeding, and straw is applied.

If interior demolition only, call after demolition is done and site is clean.

PER ZONING REGULATIONS IF YOUR PRIMARY STRUCTURE IS REMOVED ALL ACCESSORY STRUCTURES MUST ALSO BE REMOVED (IN RESIDENTIAL DISTRICTS) UNLESS PRIOR WRITTEN APPROVAL IS OBTAINED.

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UTILITY DISCONNECT VERIFICATION

The undersigned acknowledges that all utility supplies/lines have been disconnected/removed from the existing structure.

AEP / I & M: Date _____ By _____

1-800-311-6424

Semco Energy: Date _____ By _____

1-800-624-2019

Cable / Comcast: Date _____ By _____

866-594-1234

Chikaming Water Dept.: Date _____ By _____

269-469-1676 EXT 46

IT IS THE CONTRACTOR'S RESPONSIBILITY TO CALL IN AND REQUEST THE REQUIRED INSPECTION

269-757-7177

Your Signature acknowledges that you have read all the requirements and will comply with them. Failure to obtain inspections will result in no final approval, and possible fines and judgments. I acknowledge that I will comply with all applicable county, state, and federal hazardous waste disposal regulations.

Contractor signature

Date

Office use only

Fee Paid: _____ INV # _____ TRX# _____

Cash _____ Check _____ # _____