



DEMOLITION PERMIT APPLICATION CHECKLIST

Vevay Township
517.676.9523

780 Eden Road Mason, MI 48854
supervisor@vevaytownship.org

www.vevaytownship.org

Permit Application 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 CHECK MARK** that each item has been enclosed with the application.

___ 1. **Site Plan**

___ 2. **Parcel Number**

___ 3. **Proof of Utility Disconnections**

Documentation from utility companies servicing the structure that services have been removed for demolition.

___ Electrical Service

___ Gas Service

___ Water/Sewer Service

___ 4. **Is the structure within 500 feet of water?** ___ Yes ___ No

If **YES**, a **Soil Erosion Permit** is required.

Ingham Co. Drain Commission: (517)-676-8395

___ 5. **Regulated/controlled materials** (contaminated materials, asbestos, etc.)

Are present on the site? ___ Yes ___ No

If **YES**, appropriate authorities must be contacted, and material disposed of properly.

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.

SIGNATURE OF APPLICANT

DATE



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PERMIT NUMBER: _____ DATE: _____

Applicant _____ Phone _____

Lot owner _____ Phone _____

Applicant email _____ Owner email _____

Lot owner address _____

Parcel Number 33-10-10- _____ - _____ - _____

Basic Dimensions: _____ feet by _____ feet No. floors _____ Bldg. Height _____

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

PLEASE INDICATE BY CHECK MARK ALL CONSTRUCTION BEING DEMOLISHED

_____ Sq. Ft Shed

_____ Cement Slab & Thickened Edge

_____ Sq. Ft Pole Bldg.

_____ Cement Slab 3 1/2 - 4 in.)

_____ Sq. Ft Pool

_____ Other

_____ Sq. Ft Unattached Frame Garage

_____ Sq. Ft Storage Bldg. & Foundation

_____ Sq. Ft Demolition

_____ Sq. Ft Basement

_____ Sq. Ft Crawl Space

Note:

_____ Sq. Ft Deck

All materials must be removed from the lot.

_____ Sq. Ft Porch

_____ Sq. Ft Sign

_____ Lineal Ft Fence

Permit Cost \$ 120.00

By: _____
Vevay Township Official

Please call in all inspection requests to the **Vevay Township Office** before 3:30pm on the day before the inspection is needed.



SITE PLAN

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Lot owner _____

Lot address _____

Parcel Number 33-10-10-_____-_____-_____

1. Draw lot lines (show dimensions in feet)
2. Label streets
3. Draw existing structures and driveways with dimensions.
4. Draw proposed construction and any proposed driveways with dimensions.
5. Show distance from all sides of buildings to property lines in feet.
6. Draw location of septic field and well.
7. Draw lakes, streams, and wetlands on your property.
8. Contractor/owner will stake 2 adjacent lot lines for the first inspection.
9. Contractor/owner will stake proposed building location for first inspection.
10. Contractor/owner will stake proposed building location and clearly identify lot lines for first inspection.

SIGNATURE OF APPLICANT

DATE



CONTRACTOR INFORMATION

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

Contractor Name _____ Phone _____

Contractor Email _____

Address _____ City, State, Zip Code _____

Federal ID _____ MESC Employer No. _____

License No. _____ Exp Date _____

Worker's Compensation Carrier _____

If exempt from any of the above, explain here:

Homeowner's Affidavit and Signature

I hereby certify that the work described in this application shall be installed in accordance with the local code and shall not be enclosed or covered up until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility of arranging for necessary and timely inspections.

SIGNATURE OF HOMEOWNER

DATE

Agent/Contractor's 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/her authorized agent. I also certify that all work will be properly inspected in a timely fashion.

SIGNATURE OF AGENT/CONTRACTOR

DATE