

DEMOLITION
Permit Application Checklist
(return with Demolition Application)

Vevay Township performs the building inspections
Monday through Friday from 10 a.m. to 4:30p.m.

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 THAT EACH ITEM HAS BEEN ENCLOSED WITH THE APPLICATION.

Demolition Permit Application & Lot Diagram - Required for all applications.

The lot diagram is located on the second page of the Demolition Permit Application.

____ **1. Proof of Ownership** (tax statement, deed, etc...)

____ **2. Property Tax I. D. Number**

____ **3. Proof of Utility Disconnections:** Documentation from utility companies servicing the structure that services have been removed for demolition.

_____ Electric 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. Contact the Ingham County Drain Commissioner's Office at 517-676-8395

____ **5. Regulated/controlled materials** (i.e. contaminated materials, asbestos, underground storage, 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 protect the demolition site from casual entry, or other hazardous conditions, as well as to call for all required inspections. It is also the applicant's responsibility to obtain and submit such separate permits as required by state or federal law.

Vevay Township
780 Eden Rd.
Mason, MI 48854
517-676-9523

Created 6-6-18

Vevay Township
780 Eden Rd
Mason MI 48854

DEMOLITION PERMIT

Phone 517-676-9523
Fax 517-676-6655

Permit No. _____

Date _____ Jurisdiction—Vevay Township
 Job Address: _____ Property Tax Code: 33-10-10-____-____-____
 Zoning District: _____ Permit Determinant: _____
 Owner: _____ Phone: _____
 Address: _____ Email: _____
 Type Construction: _____
 Basic Dimensions: _____ ft. X _____ ft. No. Floors: _____ Bldg. Height: _____

*****Please Fill In or Check the Appropriate Spaces Below*****

- | | | |
|---|---|---|
| <input type="checkbox"/> Sq. ft. Shed | <input type="checkbox"/> Cement Slab& Thickened Edge | |
| <input type="checkbox"/> Sq. ft. Pole Bldg. | <input type="checkbox"/> Cement Slab (3 ½ -4") | |
| <input type="checkbox"/> Sq. ft. Pool | <input type="checkbox"/> Dirt Floor | |
| <input type="checkbox"/> Sq. ft. Unattached Frame Garage | <input type="checkbox"/> Trusses <input type="checkbox"/> O. C. | |
| <input type="checkbox"/> Sq. ft. Storage Bldg. & Foundation | <input type="checkbox"/> Rafters <input type="checkbox"/> O.C. | |
| <input type="checkbox"/> Sq. ft. Demolition** | <input type="checkbox"/> Metal Roof | Cost _____ |
| <input type="checkbox"/> Sq. ft. Basement | <input type="checkbox"/> Asphalt Shingles | Approved by: _____ |
| <input type="checkbox"/> Sq. ft. Crawl Space | <input type="checkbox"/> Metal Exterior | |
| <input type="checkbox"/> Sq. ft. Deck | <input type="checkbox"/> Aluminum Exterior | Make checks payable to <u>Vevay Township</u>
(**All Demo Permits might require a
Zoning Permit and Plan Review) |
| <input type="checkbox"/> Sq. ft. Porch | <input type="checkbox"/> Brick Exterior | |
| <input type="checkbox"/> Sq. ft. Sign | <input type="checkbox"/> Block Exterior | |
| <input type="checkbox"/> Lineal ft. Fence | <input type="checkbox"/> Wood Exterior | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Number of Windows | |
| <input type="checkbox"/> Number of Garage Doors | | |

Contractor	Phone ()	License No.
Address	City	State/Zip
Fed ID No./Social Security No.	MESC Employer No.	Expiration Date
Worker's Disability Compensation Carrier		

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 125,16238 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 238 are subject to civil fines.)

Home Owner's Affidavit and Signature

I will cooperate with the Inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: _____ Date: _____

Agents/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 _____

LOT DIAGRAM

Owner: _____

Project Address: _____

Property Tax ID# _____

- | | |
|-------------------------------|---|
| 1) Draw lot lines in feet | 6) Show dimensions of all buildings |
| 2) Label streets | 7) Show distance from all sides of buildings to all lot lines |
| 3) Draw existing structures | 8) Draw lakes, streams, and wet lands within 500 feet |
| 4) Draw proposed Construction | 9) Contractor/owner will stake 2 adjacent lot lines |

Signature of Applicant/Agent _____

Date _____