

DEMOLITION PERMIT

VILLAGE OF STOCKBRIDGE
PO BOX 155 / 305 W ELIZABETH ST
STOCKBRIDGE MI 49285
PH. 517-851-7435 FAX.517-772-6222
BLDG DEPT. 800-627-2801 EXT. 0

Date ____/____/____

VILLAGE OF STOCKBRIDGE

Permit # _____
Demolition of Residential Structures

Job Address: _____ Property Tax Id No. _____

Owner _____ Phone: _____ Cell: _____

Address: _____ E-mail address _____

City/State _____ Zip _____ Dimensions: ____ft. x ____ft. No. of floors ____ Bldg. Height ____

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

_____ Sq. Ft. of Demolition

Office Use Only
Zoning District _____
Use Group _____/Type of Construction _____
Permit Determinant _____

COST OF PERMIT: \$ _____

By: _____
Building Official

Make checks payable to: **VILLAGE OF STOCKBRIDGE**

Contractor		Ph./FAX	
E-MAIL			Cell
Address		City & State	
		Zip Code	
Federal D No/Social Security No.		MESC Employer No.	
License 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 125.1523a 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 23A are subject to civil fines.

HOMEOWNER'S AFFIDAVIT and SIGNATURE

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: _____ Date: _____

AGENT'S/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: _____

COMPLETE INFORMATION ON SECOND PAGE

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/Sewer Service
- ___ 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.

VILLAGE OFFICE HOURS are Monday – Friday, 9am- 3:00pm, 305 W Elizabeth St. Rm. 107 Stockbridge, MI 49285; PHONE is (517) 851-7435; by MAIL PO Box 155, Stockbridge, MI 49285; Email clerk@vosmi.org ; or by FAX at (517) 772-6222.

BUILDING DEPARTMENT: Ph. (800)627-2801 Monday through Friday 8-12 and 1:30-4:30

Signed: _____

Date: _____

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

Blue prints and drawings must contain sufficient detail to perform a plan review for conformance with the State Building Code. Include wall section/cross-section drawing showing material dimensions and specification from footing to rafters, as well as floor plan indicating all room dimensions, window, door, and stair openings. All structures containing pre-manufactured members (roof trusses, floor trusses, laminated beams, etc.) require sealed diagram from the manufacturer, forward to our office at time of delivery.

SANITATION

Village of Stockbridge
 PO Box 155
 305 W Elizabeth St Rm 107
 Stockbridge MI 49285
 Phone:(517) 851-7425

ADDRESS

Village of Stockbridge
 PO Box 155
 305 W Elizabeth St Rm 107
 Stockbridge MI 49285
 Phone:(517) 851-7425

DRIVEWAY

M-52 or M-106

MDOT
 Phone:(517) 335-3754

DRIVEWAY

Village of Stockbridge
 PO Box 155
 305 W Elizabeth St Rm 107
 Stockbridge MI 49285
 Phone:(517) 851-7425

ZONING

Associated Gov't Svc.
 Phone:(800) 627-2801
 M-F 8:00-12:00, 1:30-4:30

BUILDING CODE

Associated Gov't Svc.
 Phone:(800) 627-2801
 M-F 8:00-12:00, 1:30-4:30

SESC PERMITS

Ingham County Drain Commission
 Phone:(517) 676-8395

DEQ PERMITS

Lansing District Office
 PO Box 30242 Lansing MI 48909-7742
 525 W Allegan (Constitution Hall)
 Phone:(517) 284-6651

DNR PERMITS

Chuck Dennison
 Phone:(734) 426-4913
 dennisonc@mi.gov

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