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## COMMERCIAL DEMOLITION PERMIT

VILLAGE OF STOCKBRIDGE PO BOX 155 / 305 W ELIZABETH ST STOCKBRIDGE MI 49285 PH. 517-851-7435 FAX.517-772-6222

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BLDG DEPT. 800-627-2801 EXT. 0 VILLAGE OF STOCKBRIDGE Permit #\_\_\_\_\_ Job Location: Property tax: For Office Use Only Owner: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Zoning District Address: \_\_\_\_\_ Use Group\_\_\_\_ Type of Construction No. of Floors: \_\_\_\_\_ Bldg. Height: \_\_\_\_\_ 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. Type of Improvement: REQUIRED **ADDITIONAL PERMITS DOCUMENTS** REQUIRED PLAN REVIEW Site Plan Approval Curb or Sidewalk Cut COST OF PERMIT \$\_\_\_\_\_ Site Plan Electrical Variance Approval Mechanical TOTAL COST (if applicable) Plumbing Sign or Billboard 3 Sets of Sealed Drawings & Specs Demolition P.A. 135 Disclosure **Erosion Control** Sanitary Sewer Tap **Building Official** Storm Sewer Connection Make Checks Pavable to VILLAGE OF STOCKBRIDGE Engineer/Architect: Phone: Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information E-mail Name Phone Fax Address City State/Zip Code Fed ID# or SS# MESC Emp. # Worker's Disability Comp Carrier Exp Date License # 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 Complied 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:	De	40.
Signed.	Da	te:

## **DEMOLITION**

# PERMIT APPLICATION CHECKLIST (Return with Application)

Perm	it application for
	(job address)
Own	er's Name
Cont	ractor's Name
Before a per non-applicable	rmit may be issued all of the following documentation must be submitted or justified as e. 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. 3. 4.	PROOF OF OWNERSHIP (deed, land contract, tax statement, etc.) 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
structural work i	ponsibility of the applicant to call for all required inspections or before any electrical, plumbing, mechanical, or is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any anical, plumbing or building permits.
<u>VILLAGE OFF</u> (517) 851-7435;	ICE HOURS are Monday – Friday, 9am- 3:00pm, 305 W Elizabeth St. Rm. 107 Stockbridge, MI 49285; PHONE is by MAIL PO Box 155, Stockbridge, MI 49285; Email clerk@vosmi.org; or by FAX at (517) 772-6222.
BUILDING DE	PARTMENT: 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.

10/28/2016 vg

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 premanufactured 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

PLEASE CALL SHOULD YOU REQUIRE FURTHER ASSISTANCE IN COMPLETING APPLICATIONS.