

DEMOLITION PERMIT

AGS Building Department
8721 Gull Road Suit B
Richland, Mi 49083
Phone: (269) 629-0600
Toll Free: (800) 627-2801
Fax: (269) 629-0601

Date ____/____/____

Permit # _____
Accessory/detached structures and demolition

Job Address: _____ Property Tax Id No. _____

Owner _____ Phone: () _____ Cell: () _____

Address: _____ E-mail address _____

Basic Dimensions: _____ ft x _____ ft. No. of floors _____ Building Height _____

Type of Construction _____

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 building | <input type="checkbox"/> cement slab (3 1/2" - 4") |
| <input type="checkbox"/> Sq. ft. porch on pole building | <input type="checkbox"/> rafters _____ " O.C. |
| <input type="checkbox"/> Sq. ft. pool | <input type="checkbox"/> trusses _____ "O.C. |
| <input type="checkbox"/> Sq. ft. deck for pool | <input type="checkbox"/> metal roof |
| <input type="checkbox"/> Sq. ft. unattached frame garage | <input type="checkbox"/> asphalt shingles |
| <input type="checkbox"/> Sq. ft. storage building & foundation | <input type="checkbox"/> metal exterior |
| <input type="checkbox"/> Sq. ft. demolition | <input type="checkbox"/> aluminum/vinyl exterior |
| <input type="checkbox"/> Lineal ft. fence | <input type="checkbox"/> brick exterior |
| <input type="checkbox"/> _____ Type of fence | <input type="checkbox"/> block exterior |
| <input type="checkbox"/> _____ Height of fence | <input type="checkbox"/> wood exterior |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Number of windows |
| _____ | <input type="checkbox"/> Number of garage doors |
| _____ | |

Office Use Only Zoning District _____

Use Group _____ Type of Construction _____

Permit Determinant _____

COST OF PERMIT: \$ _____

By: _____
Building Official

Make checks payable to: Jurisdiction

Contractor		Phone	
E-mail address		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 Service
 - ____ Public Sewer Service (Disconnection permit required).
- ____ 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.

BUILDING DEPARTMENT (Associated Government Services, Inc.) OFFICE HOURS are 8:00 am to 12:00 and 1:30pm to 4:30pm, Monday through Friday. The HOME OFFICE may be contacted by PHONE at 269-629-0600 or 1-800-627-2801 (an answering system operates 24 hours a day to obtain information, forms, and inspections); by MAIL at 8721 Gull Road, Suite B, Richland, MI, 49083; or by FAX at 269-629-0601.

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.

- (1) ZONING APPROVALS, IF OTHER THAN ASSOCIATED GOVERNMENT SERVICES:
Fawn River Township – Gary Bland, (269) 651-3363

COUNTY	SANITATION PERMIT (7) (Septic & Well)	DRIVEWAY PERMIT (8)	SOIL EROSION PERMIT (9)
CALHOUN	Environmental Health 190 E. Michigan Suite A 100 Battle Creek, MI 49014 Phone: (269) 966-1241	Road Commission 13300 – 15 Mile Road Marshall, MI 49068 Phone: (269) 781-9841	Road Commission 13300 – 15 Mile Road Marshall, MI 49068 Phone: (269) 781-9841
KALAMAZOO	Human Services Department Environmental Health 3299 Gull Road Kalamazoo, MI 49048 Phone: (269) 373-5210	Road Commission 3801 E. Kilgore Road Kalamazoo, MI 49001 Phone: (269) 381-3171	Drain Commission Room 107 201 W. Kalamazoo Ave. Phone: (269) 384-8117
ST. JOSEPH	Community Health Agency Environmental Health 1110 Hill Street Three Rivers, MI 49093 Phone: (269) 273-2161	Road Commission 20914 M-86 Centreville, MI 49032 Phone (269) 467-6393	Conservation District 693 East Main Street Centreville, MI 49032 Phone: (269) 467-6336
VAN BUREN	District Health Department 57418 CR681, Suite A Hartford, MI 49057 Phone: (269) 621-3143	Road Commission 325 W. James Street P.O. Box 156 Lawrence, MI 49064 Phone: (269) 674-8011	Soil Erosion and Sedimentation Control 219 East Paw Paw Street Paw Paw, MI 49079 Phone: (269) 657-8200
(8)	Michigan Department of Transportation (MDOT) (269) 337-3926 (Driveways on Michigan or U.S. Highways)		
(9)	Michigan Department of Environmental Quality (MDEQ) Plainwell Office: (269) 685-6851 Lansing Office: (517) 373-1170		

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COMPLETING APPLICATIONS.**