Date	-	TION PERM	/IT :	A95 Building Dept 721 Gull Rd. Suite B Richland, MI 49083 (269) 629-0600 (800) 627-2801 Fax (269) 629-0601
Jurisdiction of:	PERMIT NO Accessory/detached			
	Accessory/defaction	a structures and di	emonuon -	
Job Address:		Property tax I.D. N	o.:	
Zoning District:				
Use Group:		Owner:	(	)
Type Const.:		Address:	'	pnone
Basic Dimensions: ft. x	:ft.	Contractor:	(	)
No. Floors: Bld	lg. Height:	Address:		phone
PLEASE FILL IN OR CHECK THE	APPROPRIATE SPAC	ES BELOW:		
Sq. ft. shed	ce	ment slab & thicken	ed edge	
Sq. ft. pole building cement slab (3 1/2" - 4")				
Sq. ft. pool dirt floor				
Sq. ft. unattached frame garage trusses"O.C.				
Sq. ft. storage building & foundation rafters "O.C.				
Sq. ft. demolition metal roof				
Sq. ft. basement	as	phalt shingles		
Sq. ft. crawl space	me	etal exterior		
Sq. ft. deck	alu	ıminum exterior	COST OF PER	IMIT: \$
Sq. ft. porch	bri	ck exterior	Building Dept.	
Sq. ft. sign	blo	ock exterior	Ву:	E. 2011/241-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
Lineal ft. fence	wo	ood exterior	Make (	Checks Payable to:
Other	NL	ımber windows		
	Nt	ımber garage doors		
Contractor		Phone ( )	<del>«</del>	
Address	City		State	Zip
Federal ID No./Social Security no.	J.	MESC Employer I	lo.	
License No. Ex	piration Date	Worker's Disability	Compensation Carrier	
If exempt from any of the above, explain here:  Section 23A of the State Construction Compiled Laws, prohibits a person fr perform work on a residential building	om conspiring to circumvent	the licensing requiremen	nts of this state relation	ng to persons who are to
HOME OWNER'S AFFIDAVIT and S I hereby certify that the work described above si been inspected and approved by the inspector. I	halt be installed in accordance with			
Signed:		Date: _	W V W W W W W W W W W W W W W W W W W W	

**COMPLETE INFORMATION ON BACK OF THIS PAGE** 

\_\_\_\_\_ Date: \_\_\_\_\_

AGENT'S/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 authorized agent.

Signed: \_\_\_\_

## **LOT DIAGRAM**

Owner:	AMARIA AMARIAN	www				
Project Address:						
Property Tax #:						
2) L 3) D	Oraw lot lines in feet abel street Oraw existing structures Oraw proposed construction	5) 6) 7) 8)	Draw lakes, streams, and wet lands within 500 feet			
	·					
Signatur	e of Applicant/Agent:		Date :			

## **DEMOLITION**

## PERMIT APPLICATION CHECKLIST (Return with Application)

Perm	it application for				
(job address)					
Own	er's Name				
Cont	ractor's Name				
•	nit may be issued all of the following documentation must be submitted or justified as non- lease 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.	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				
or structural wo	sponsibility of the applicant to call for all required inspections or before any electrical, plumbing, mechanical, ork is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications al, mechanical, plumbing or building permits.				
4:30pm, Monda answering syste	EPARTMENT (Associated Government Services, Inc.) <u>OFFICE HOURS</u> are 8:00 am to 12:00 and 1:30pm to ay through Friday. The <u>HOME OFFICE</u> may be contacted by <u>PHONE</u> at 269-629-0600 or 1-800-627-2801 (are operates 24 hours a day to obtain information, forms, and inspections); by <u>MAIL</u> at 8721 Gull Road, Suite I, 49083; or by <u>FAX</u> at 269-629-0601.				
Signed:	Date:				

PLEASE CALL SHOULD YOU REQUIRE FURTHER

ASSISTANCE IN COMPLETING APPLICATIONS.

C:\RICHLAND\FORMS\MASTERDOCUMENTS\\DEMOLITION

3/14/08 CC

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.

(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 – 15Mile 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				

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

C:\SCHOOLCRAFT\FORMS\MASTERDOCUMENTS\PMTCKLIST

5/15/07 schoolcraft master documents pmtcklst