

Charter Township of Garfield

Grand Traverse County 3848 VETERANS DRIVE TRAVERSE CITY, MICHIGAN 49684 PH: (231) 941-1620 • FAX: (231) 941-1588

DEMOLITION PERMIT SECTION 3303

Service utility connections shall be discontinued and capped in accordance with the approved rules and the requirements of the authority having jurisdiction.

Prior to issuance of a demolition permit, the following are required, unless otherwise waived:

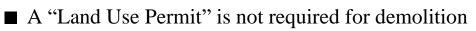
- Demolition Permit Application
- Soil and Erosion Permit (if applicable)
- DEQ (for commercial only)
- Well and Septic or DPW (for cut and cap reasons)
- Electrical Services Shut Off Letter
- Gas Service Shut Off Letter

*Phone and cable companies should also be notified

COST OF DEMOLITION PERMIT IS \$55.00

See Chapter 33 of the Michigan State Construction Code 2015 for other requirements, such as Protection of Pedestrians, Protection of Adjoining Property, and Requirements for Barriers.

■ A Demolition Permit is required for each structure



Any demolition of a structure other than a privately owned, privately controlled residence, require a "Notification of Intent to Renovate or Demolish" to be filed with the Asbestos NESHAP Coordinator in Lansing, MI. Questions regarding the Asbestos Notification can be directed to NESHAP, Asbestos Inspector, (517) 284.6777.

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APPLICATION FOR DEMOLITION

1) Owner Information	2) Applicant/Contractor Information
3)	4)
Owner Name:	Applicant Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone Number: ()	Phone Number: ()
2) Property Information	
Property Address:	
Parcel ID #: 28 - 05	
Size of structure (please provide dimensions)	
3) Request to Demolish or Remove	
Manufactured (Mobile) Home Con	nmercial Building Duplex Duplex
Multi-Family 🗆 Ac	cessory Structure \Box Single Family Home \Box
Industrial Building 🗆	Other
4) Utility Shut Off	
Prior to the issuance of a Demolition Permit, a Notice of Shut Off shall be provided to the Township for all applicable utilities:	
Please provide dates of shut off below and	
attached copies of proof of disconnect provided by these agencies	
Electric: / /	Gas: / /
Health Dept. (Well and Septic): //	DPW (water & Sewer): / /
5) Affidavit The undersigned affirms that he/she or they is (are) the owner, or authorized agent of the owner, involved in the application and the answers and statements herein contained, and the information submitted are in all respects true and correct.	
Owner signature	Date
Applicants / Contractor signature	Date