

**DEMOLITION PERMIT APPLICATION CHECKLIST – (Return with Application)**

Project Address/Location of Proposed Work \_\_\_\_\_

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 – Call 1-800-477-5050
  - \_\_\_ Gas Service – Call 1-800-533-6220
  - \_\_\_ Water/Sewer Service - 231-775-0181
- \_\_\_ 5. Is the structure within 500 feet of water? **YES / NO**  
If **YES**, a **SOIL EROSION PERMIT** is required.
- \_\_\_ 6. **Zoning Approval** is required. This property is zoned at \_\_\_\_\_.
- \_\_\_ 7. 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 OFFICE HOURS** are 8:00 am to 12:00 and 1:00pm to 5:00pm, Monday through Friday. PHONE at 269-629-0600 or 800-627-2801; by MAIL at 200 N Lake St; Cadillac MI 49601; or by FAX at 231-306-5946.

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

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

**Payment Code: BUILDING PERMIT**

# DEMOLITION PERMIT

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
CITY OF CADILLAC

City of Cadillac  
200 N Lake Street  
Cadillac, MI 49601  
269-629-0600  
800-627-2801 Inspection Ext. 201

Permit # \_\_\_\_\_

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. pool                          | <input type="checkbox"/> dirt floor                   |
| <input type="checkbox"/> Sq. ft. unattached frame garage       | <input type="checkbox"/> trusses _____ " O.C.         |
| <input type="checkbox"/> Sq. ft. storage building & foundation | <input type="checkbox"/> rafters _____ "O.C.          |
| <input type="checkbox"/> Sq. ft. demolition                    | <input type="checkbox"/> metal roof                   |
| <input type="checkbox"/> Sq. ft. basement                      | <input type="checkbox"/> asphalt shingles             |
| <input type="checkbox"/> Sq. ft. crawl space                   | <input type="checkbox"/> metal exterior               |
| <input type="checkbox"/> Sq. ft. deck                          | <input type="checkbox"/> aluminum/vinyl exterior      |
| <input type="checkbox"/> Sq. ft. porch                         | <input type="checkbox"/> brick exterior               |
| <input type="checkbox"/> Sq. ft. sign                          | <input type="checkbox"/> block exterior               |
| <input type="checkbox"/> Lineal ft. fence                      | <input type="checkbox"/> wood exterior                |
| <input type="checkbox"/> Other _____                           | <input type="checkbox"/> Number of windows _____      |
|  | <input type="checkbox"/> Number of garage doors _____ |

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

<b>COST OF PERMIT: \$</b> _____
<b>By:</b> _____ <b>Building Department</b>
<b>Make checks payable to City of Cadillac</b>

Contractor		Ph. # ( ) _____ Fax ( ) _____	
E-mail address		Cell _____	
Address		City & State _____	Zip Code _____
Federal D No/Social Security No. _____		MESCS 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**

**Payment Code: BUILDING PERMIT**

# 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 \_\_\_\_\_

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