


Authority: Section 23a of State Construction Code Act of 1972 Act No 230. Violators of Section 23a are subject to civil fines.
 Completion: Installation Shall Not Be Started Until Permit is Issued
 PENALTY: Written Order to Stop Construction/Court Citation

	<p align="center">Charter Township of Plymouth 9955 N. Haggerty RD Plymouth, MI 48170 (734) 354-3210 FAX (734) 207-2689 Building & Inspection Services www.plymouthtp.org Demolition Permit Application</p>	<p>Schedule Inspections: www.plymouthtp.org</p>
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A. LOCATION OF DEMOLITION

Address _____ Lot # _____
 Subdivision _____

B. Owner or Lessee

Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone No _____ Cell Phone No _____
 Email Address _____

C. Contractor

Name _____
 Company Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone No _____ Cell Phone No _____
 Email Address _____
 State of Michigan Contractor's License (copy required if not registered)
 Number _____ Expiration Date _____
 Driver's License (copy required if not registered)
 Number _____ Expiration Date _____

All fees are to be paid in full at time of submittal which includes a \$30.00 application Fee

Charter Township of Plymouth
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D. DEMOLITON INFORMATION

<input type="checkbox"/> Building	_____	Cubic Feet
<input type="checkbox"/> House	_____	Cubic Feet
<input type="checkbox"/> Addition	_____	Cubic Feet
<input type="checkbox"/> Detached Garage / Structure	_____	Cubic Feet
<input type="checkbox"/> Pool	_____	Cubic Feet
<input type="checkbox"/> Cost of Construction	_____	Labor & Materials

E. REQUIRED DOCUMENTS

- Copy of contract
 - Copy of site plan
 - Asbestos Notification - Wayne County (if required)
 - Copy of Well/Septic - Wayne County (if required)
- Shut Off Letter**
- DTE
 - Consumers Power
 - Township Water Department (see attached)

F. HOMEOWNER AFFIDAVIT (FOR HOMEOWNER PERMIT ONLY)

By signing below, I hereby certify the building work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the Building Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume the responsibility to arrange for necessary inspections.

I have read and agreed to the above statement.

Signature of Homeowner: _____

Date: _____

G. APPLICANT SIGNATURE

By signing below, 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 I agree to conform to all applicable laws of this jurisdiction. All information submitted with and on this application is accurate to the best of my knowledge.

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 structure. Violations of Section 23a are subject to civil fines.

I have read and agreed to the above statement.

Signature of Applicant: _____

Date: _____

Print name: _____

H. Building Department Approval

Approved by: _____

Date: _____

Michigan Residential Code: _____

Michigan Building Code: _____

DEMOLITION QUESTIONNAIRE

Department of Public Works
Charter Township of Plymouth



Location of property: _____

Anticipated date of demolition: _____

Contact person: _____

Property owner: _____

Address: _____
_____ Phone: _____

Email address: _____

Demolition contractor: _____

Address: _____
_____ Phone: _____

Email address: _____

Commercial property Residential property

Township water Township sewer Well Septic system

Has a final meter read been taken? Yes No Has a final water bill been done? Yes No

Has water to the building been shut off? Yes No

Has the water service been disconnected? Yes No (*Township does at time & materials*)

Has the sewer service been disconnected? Yes No

If yes, when was the sewer disconnected? Date: _____ At property line At the main

If no, who will disconnect the sewer? Township (*pay time & materials*) Contractor (*pay inspection fee*)

If applicable, has septic been disconnected? Yes No Date if yes: _____

If applicable, has the well been disconnected? Yes No Date if yes: _____

Property will be rebuilt

Will use existing water service Will use different water service size. New size: _____

Will have a basement

Will use existing sanitary tap

Detroit Edison has been contacted by owner

Gas utility has been contacted by owner

Wayne County Health Dept has been contacted by owner re: abandoning a well or septic, if applicable

The above information was prepared by: _____ Date: _____