

D E M O L I T I O N P E R M I T

**FLINT TOWNSHIP
DEPARTMENT OF BUILDINGS**

PERMIT MUST
BE PULLED BEFORE
WORK HAS STARTED
PENALTY: DOUBLE FEE

1490 SOUTH DYE ROAD
FLINT, MICHIGAN 48532
(810) 732-1350
FAX (810) 733-6919

PERMIT NUMBER _____
DATE _____
CHECK NUMBER _____

I. LOCATION OF BUILDING			
ADDRESS			
CITY/VILLAGE			
II. LEGAL DESCRIPTION			ZONED
A. OWNER OR LESSEE			TELEPHONE NO.
NAME			
ADDRESS	CITY	STATE	ZIP
B. CONTRACTOR			TELEPHONE NO.
NAME			
ADDRESS	CITY	STATE	ZIP
BUILDERS LICENSE NO.			
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			
III. A. COMMENTS (To be filled in by Inspector)			

BASE FEE \$55.00			
/1000 CUBIC FOOTAGE _____ X \$1.75			
TOTAL PERMIT FEE _____			

B. CONSTRUCTION TYPE: CHOOSE ONE

1A 1B 2A 2B 2C 3A 3B 4- 5A 5B

C. FOUNDATION TYPE: CHOOSE ONE

42" FOOTINGS BASEMENT BLOCK BASEMENT POURED N/A OTHER
BASEMENT WOOD EXISTING POLE CONSTRUCTION WOOD FOUNDATION

IV. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

MASONRY, WALL BEARING WOOD FRAME OTHER
 REINFORCED CONCRETE STRUCTURED STEEL

V. ASBESTOS ABATEMENT MDEQ (517) 373-7064

Notification of Intent to Renovate/Demolish

Michigan Department of Environmental Quality (MDEQ)
Air Quality Division, NESHAP 40 CFR part 61, subpart M
\$25,000 penalty per day per violation for failure to comply

Michigan Department of Consumer and Industry Services (MDCIS)
Asbestos program, P.A. 135 of 1986, as amended, section 220 (1-4) or 8

By signing below, I acknowledge that I have received the forms, information and instructions provided by the Charter Flint Township Building Department regarding asbestos abatement and will contact the Michigan Department of Environmental Quality for further instructions

Signed _____ Date _____

VI. COUNTY PERMITS 4610 Beecher Rd - (810) 732-7870

Genesee County procedure for temporary or permanent termination of water and/or sewer service

NO PERMIT WILL BE ISSUED UNTIL COPIES OF NOTIFICATION ARE SUPPLIED

VII. GENESEE COUNTY HEALTH DEPARTMENT - (810) 257-3603

Must comply with the State Law pertaining to the abandoned well closure And/or closure of any septic tank, if existing

VIII. SPECIAL INSTRUCTIONS

Land to be restored to natural grade - All foundation materials removed to Minimum of 24" below grade - Holes to be punched into basement floor or floor To be removed - All materials removed to a licensed landfill - No burning of any materials on site - Utilities (gas, electric) must be disconnected to Consumer's Energy requirements - Every attempt must be made to minimize dirt and debris on roadways

IX. APPLICANT INFORMATION:

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.

NAME

TELEPHONE NO.

ADDRESS

CITY

STATE

ZIP

FEDERAL I.D./SOCIAL SECURITY NO.

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 we agree to conform to all applicable laws of the State of Michigan. All information submitted 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 building or a residential structure. Violators of Section 23a are subject to civil fines.

FEE ENCLOSED \$

SIGNATURE OF APPLICANT

APPLICATION DATE

X. VALIDATION

APPROVED BY:

(SIGNATURE)

XI. INFORMATION TO MDEQ

FAXED DATE _____

BY _____

XI. SITE PLAN OR PLOT PLAN -- FOR APPLICANT USE
Include dimensions of building in order to calculate cubic feet of demolition
(FEE - \$55.00 plus \$1.75/1000 cubic feet of structure)

INDICATE DIRECTION OF NORTH

DEPARTMENT USE ONLY