15185 Algoma Ave Cedar Springs, MI 49319 Tel 616 696-1718 Fax 616 696-3970



PAGE	1	OF	1		
PERMIT NO:					

## **DEMOLITION PERMIT APPLICATION**

	1. Site Address:			_				
2. Property owner: Name:								
	Address:							
	Phone:							
	Demolition Company:							
	2. Address:							
	3. Phone #:							
	<ul><li>4. Contact Person:</li><li>5. Contact Email:</li></ul>							
	5. Is the Demolition Company Bond	ded? YES / NO	*PROVIDE COPY OF CE	RTIFICATE				
GENERAL REQUIREMENTS:								
Appro	oval by the Zoning Administrator: ZC	ONING FEE: \$60.00						
Final	Inspection by the Building Inspector DATE OF COMPLETION OF DEMOL	•	· ·	00				
Along	with an Escrow fund of \$1,000.00 -	\$10,000.00 <b>TBD</b>						
	w Account: \$1,000.00 - \$10,000.00 EPARATE CHECK FROM OTHER FEES		APPLICATION SUBMITTED					
who sh Towns in the	Cordinance Section 3.25 No buildings so nall be Authorized to require a performance of hip Board. Such bond shall be conditioned of permit and complying with such regulations libes, including filling, excavations, and prope	bond in such an amoun In the applicant comple as to health and safety	t according to a schedule as d ting The razing within a reaso as the Zoning Administrator f	etermined by the nable period as prescribea	1			
Applic	ant's Signature		Date					
		OFFICE USE ON	LY					
Zoning Fee: \$60.00		_\$	Received:					
Inspection Fee: \$55.00		_\$	Received:					
Escro	w Fund: \$1,000.00 - \$10,000.00	_\$	(SEPARATE CHECK) Receive	ed:				
ZONII	NG:Zoning Administrator		 Date					
BUILD	DING:Building Inspecto			Date				