DEMOLITION PERMIT APPLICATION
CLARK TOWNSHIP
207 N. BLINDLINE ROAD – PO BOX 367
CEDARVILLE, MI 49719
Phone: 906/484-2672 Fax: 906/484-3199

Building Location:
Subdivision: ______________________ Lot No: ______________________

Property Owner:
Address: ______________________ City: __________ State: ___ Zip: ______
Phone: ______________________ Fax: _______ E-mail: __________

Contact Person: ______________________ Phone: ______________________

Permit Applicant (Check One): CONTRACTOR OWNER

Contractor Name: ______________________
Address: ______________________ City: __________ State: ___ Zip: ______
Phone: ______________________ Fax: _______ Mobile: __________
State License No: ______________________ Expiration Date: __________

Describe Work:

Reasons for Demolition (Check One): _____ Ordered Demolition _____ Unsafe Structure _____ To Be Replaced
_____ Other ______________________ Building Dimensions: ______ X
The following approvals are required in writing when applicable to subject structure:

1. Cloverland Electric Cooperative (Disconnect Electrical Power)
2. Removal of Fuel Oil and Propane Tanks
3. LMAS District Health Dept. (Soil Erosion Control Permit)
4. Clark Township Sewer Dept. (Cap Sewer and Remove Grinder Pump If Applicable)
5. Mackinac County Health Dept. Inspector (Well or Septic System Abandonment)
6. Michigan DEQ (Hazard & Hazardous Waste Removal, e.g. Underground Tanks, Asbestos, etc.)

No structure may be torn down or removed prior to the Demolition Permit issuance.

Passing the Final Site Inspection requires any old foundation be entirely removed or properly secured in accordance with local and state code requirements. Additionally, any cast off material (such as old 2 x 4's, insulation, and drywall), demolition equipment, and dumpsters be removed from the property before the Final Site Inspection will be approved.

Applicant’s Signature

Print Name

Date

For Office Use Only:

Parcel No: 49-003-_________ Zoning District:_________

Soil Erosion Control Permit No:_________ Waiver No:_________

Date Received:_________ Time Period of Permit_________

Planning Approval:_________ Building Approval:_________

Final Site Inspection Approval By:_________ Date:_________

Fee: $10.00

Permit No:_________