

**DEMOLITION PERMIT APPLICATION**

**CLARK TOWNSHIP**

**207 N. BLINDLINE ROAD – PO BOX 367**

**CEDARVILLE, MI 49719**

**Phone: 906/484-2672 Fax: 906/484-3199**

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**Building Location:** \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot No: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ Phone: \_\_\_\_\_

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Permit Applicant (Check One):       CONTRACTOR       OWNER

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**Contractor Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

State License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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Describe Work: \_\_\_\_\_

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Reasons for Demolition (Check One):       Ordered Demolition       Unsafe Structure       To Be Replaced

Other \_\_\_\_\_ Building Dimensions: \_\_\_\_\_ X \_\_\_\_\_

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Page 2 -- Clark Township Demolition Permit Application

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.

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Applicant's Signature	Print Name	Date
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**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:** \_\_\_\_\_