

Demo. Permit. Appl. No: \_\_\_\_\_

**APPLICATION FOR DEMOLITION**

Date: \_\_\_\_\_

**Rome Township**

9212 Woerner Rd.

Onsted, MI 49265

517-605-5163

**I. PROJECT INFORMATION**

|              |      |          |                |
|--------------|------|----------|----------------|
| Project Name |      | Address  |                |
|              |      |          |                |
| Between      | City | Zip Code | County         |
| and          |      |          | <b>Lenawee</b> |

**II. IDENTIFICATION****A. Owner or Lessee**

|      |       |          |                  |
|------|-------|----------|------------------|
| Name |       | Address  |                  |
|      |       |          |                  |
| City | State | Zip Code | Telephone Number |
|      |       |          |                  |

**B. Contractor (To be used if work being done by someone other than homeowner)**

|                                                                |       |          |                  |
|----------------------------------------------------------------|-------|----------|------------------|
| Name                                                           |       | Address  |                  |
|                                                                |       |          |                  |
| City                                                           | State | Zip Code | Telephone Number |
|                                                                |       |          |                  |
| Builders License Number                                        |       |          | Expiration Date  |
|                                                                |       |          |                  |
| Federal Employer ID Number or Reason for Exemption             |       |          |                  |
|                                                                |       |          |                  |
| Workers Compensation Insurance Carrier or Reason for Exemption |       |          |                  |
|                                                                |       |          |                  |
| MESC Employer Number or Reason for Exemption                   |       |          |                  |
|                                                                |       |          |                  |

**III. PROJECT SCOPE** (Please list scope of project below. Please make note of structures that are to remain and structures that are to be removed. Please also note the location of septic/ sewer and water supply. All structures and utilities are to be also shown on Site Plan.)

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Demolition Start Date: \_\_\_\_\_ Demolition End Date (if sooner than 30 days): \_\_\_\_\_

#### IV. SITE OR PLOT PLAN – FOR APPLICANT USE

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**V. DEMOLITION REQUIREMENTS**

1. All septic tanks must be broken open, pumped out, and then filled with sand with an inspector's approval.
2. A Well Abandonment Permit maybe required from the Lenawee County Health Department. Contact Health Department to determine if permit is required/ needed.
3. All footings, foundation walls, and concrete must be removed to 12" below grand. Inspector will verify compliance prior to the commencement of backfill.
4. Site backfilling shall be completed within five (5) working days of the removal of demolished building materials and debris. Failure, for any reason, to backfill site as specified will require that the person causing the demolition or excavation install protective fencing around the site to the satisfaction of the Code Official. The person causing said demolition or excavation shall maintain the fencing to insure the purpose is being accomplished.
5. All debris and building materials shall be completely removed from the premises. The property shall be smoothly graded and left in a neat condition with no low spots in which water might stand. Any damage to adjacent property or abutting public right-of-way, occurring during the demolition or excavation, shall be repaired by the person causing said demolition or excavation at his or her own expense. Soil MUST be stabilized.
6. Upon commencing the demolition of a structure, the work shall be continuous during the regular working hours, and the structure shall be completely removed and the site filled, cleared of debris, and graded within thirty (30) days of the issuance of a demolition permit. The Code official may grant one or more extensions of time for additional periods not exceeding thirty (30) days each, the amount of additional time to be endorsed in writing upon said demolition permit.
7. All debris must be removed from site, Burning of material is not permitted.
8. If building permit has been received for site where demolition has/ had occurred within three (3) months after demolition permit site filling and grading may not be required.

**VI. HOMEOWNERS/ CONTRACTORS SIGNATURE**

I either own this property or have the owner's permission to ask for action on this property. I agree to comply with the terms and requirements of all local, State and Federal Ordinances. All excavation will be filled by the completion date and all debris removed from the site will be protected from trespassers. All utilities will be disconnected by the proper authorities. The permittee shall comply with all Federal and State statutes and regulations with respect to the removal, disposal or treatment of hazardous and non-hazardous materials and/ or substances located on the site, including, but not limited to, such statues and regulations pertaining to the characterization and disposal of excavated soils.

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Applicant Signature

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Date

**APPLICATION FOR DEMOLITION**

**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

| <b>ENVIRONMENTAL CONTROL APPROVALS</b> |                                                          |                 |             |               |                 |
|----------------------------------------|----------------------------------------------------------|-----------------|-------------|---------------|-----------------|
|                                        | <b>Required?</b>                                         | <b>Approved</b> | <b>Date</b> | <b>Number</b> | <b>By Whom?</b> |
| <b>A – Zoning</b>                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |             |               |                 |
| <b>B – Fire District</b>               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |             |               |                 |
| <b>C – Pollution Control</b>           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |             |               |                 |
| <b>D – Noise Control</b>               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |             |               |                 |
| <b>E – Soil Erosion</b>                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |             |               |                 |
| <b>F – Flood Zone</b>                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |             |               |                 |
| <b>G – Water Supply</b>                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |             |               |                 |
| <b>H – Septic System</b>               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |             |               |                 |
| <b>I – Variance Granted</b>            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |             |               |                 |
| <b>J – Other _____</b>                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |             |               |                 |

**VIII. VALIDATION – FOR DEPARTMENT USE ONLY**

|                             |                   |                              |                   |
|-----------------------------|-------------------|------------------------------|-------------------|
| <b>Use Group</b>            |                   | <b>Base Fee</b>              |                   |
| <b>Type of Construction</b> |                   | <b>Number of Inspections</b> |                   |
| <b>Square Feet</b>          |                   |                              |                   |
| Approval Signature          |                   | Title                        | Date              |
|                             |                   |                              |                   |
| Permit Number               | Permit Opened On? | Permit Expires On?           | Permit Closed On? |
|                             |                   |                              |                   |