

DEMOLITION PERMIT & AFFIDAVIT

PERMIT #: PD

MORTON TOWNSHIP - MECOSTA COUNTY

290 W. MAIN STREET - P.O. BOX 2 -- MECOSTA MI, 49332

Phone: (231) 972-7138

Fax: (231) 972-2002

DATE: _____

Identification of Property to be Demolished:		Property Code: 54-11-
Owner's Name:		Property Address:
Mailing Address:		Phone #:
Description or Type of Property to be Demolished:		
On separate sheet, please show plan of all existing structures and what is to be demolished and what is to remain.		

Contractor's Name:	Phone #:
Address:	Mobile #:

AFFIDAVIT

AS THE OWNER OR AGENT ACTING FOR THE OWNER, I AFFIRM THAT:

1. The proposed demolition is authorized by the owner.
2. A release has been obtained from all utilities connected to the structure at the above property address.
3. All equipment such as meters and regulators have been removed or sealed and plugged in a safe manner and "MISS DIG" will be contacted before any excavation is undertaken.
4. I will notify all adjoining property owners in writing prior to starting any demolition work.
5. The premises shall be maintained free from all unsafe and/or hazardous conditions by the proper regulation of the lot, restoration of established grades and the erection of the necessary retaining walls and fences in accordance with the provisions of Chapter 33 of the State Construction Code.
6. No debris (construction materials) will be buried on the site.

I UNDERSTAND THAT FAILURE TO DO ANY OF THE ABOVE WILL VOID THIS DEMOLITION PERMIT.

Type or Print Owner's or Agent's Name & Address

Signature of Owner or Agent

Office Authorization: _____

Date: _____