

APPLICATION FOR DEMOLITION OF A BUILDING

City of Grand Haven, 20 N. Fifth Street, Grand Haven, MI 49417

Phone: (616) 847-3490 Fax: (616) 844-2051 Website: www.grandhaven.org

PROCEDURE FOR DEMOLITION PERMITS

1. Applicant to receive Demolition Permit Application and copy of Code of Ordinances, Article VIII Wrecking of Building from the Building Department, 20 N. Fifth Street, Grand Haven, MI 49417.
2. Applicant must have current City of Grand Haven Building Wrecker License. Fee for yearly City license is \$25.00 and is obtained through the Clerks Office.
3. When the completed demolition application is returned to the Building Department and a current City license is verified, a Demolition Permit can be issued. Please allow at least 24 hours processing time.
3. Fees are set by the City Council

Garage or Foundation Only	\$ 35.00
Single Family Home	\$ 75.00
Principal Structure Not Single Family Home	\$120.00
4. Any dumpster being used that is not located on private property must be approved by the Department of Public Safety before being placed. Proper lighting and barricades will be required.
5. The sewer lateral line and water service line must be capped. Contact the Department of Public Works to arrange for the inspection of your capped lines before the lines are buried.



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1. Fee Schedule

- _____ \$ 35.00 Garage or Foundation Only
- _____ \$ 75.00 Single Family Home
- _____ \$120.00 Principal Structure Not Single Family Home

2. Project Information

Address of building to be demolished: _____

Date demolition will be started: _____

Name of **Owner** of building being demolished: _____

Owner address: _____

City/State/Zip: _____ Phone: _____

3. Contractor

Name of **Demolition** Company: _____

Contact Person: _____ Phone: _____

Address: _____

City/State/Zip: _____ Phone: _____

Is Company Licensed with the City of Grand Haven for Demolition: Yes _____ No: _____

What is Company's expiration date for **Local License** with the City of Grand Haven? _____

Insurance Carrier: _____

(Attached Certificate - P/L 50,000/100,000 - PD \$25,000)

Proof of Workers Compensation: _____

4. Utility Information

Date of Utilities Shut Off: Water _____ Electric _____ Gas _____

Date (approximately) capped lines will be buried: _____

I hereby certify that the above named building shall be fully and completely demolished by this date: _____, that public liability insurance is carried by myself on the named licensee, naming the City of Grand Haven as co-insured of said policy, that worker's compensation is in effect where applicable, and that all related utility companies have been notified and shut-off has been completed prior to the commencement of demolition.

DEMOLITION MAY NOT TAKE PLACE UNTIL THE PERMIT HAS BEEN ISSUED FOR THE PROJECT

Signature of Applicant: _____ Date: _____

Print Name: _____

<i>Office Use Only</i>		
Permit #: _____	Date Received: _____	Fee: _____
Date of Approval: _____	Date of Denial: _____	Approved by: _____

