CITY OF MACOMB

OFFICE OF COMMUNITY DEVELOPMENT

✧ DEMOLITION/MOVING PERMIT APPLICATION ✧

Date of Application: _____ Zoning District _____ Tax ID #: _____

Demolition Site Address: _____

Type of Structure to be Demolished: _____

Date Work is to Begin: _____ Date Work is to End: _____

Contractor Information: _____ _____ _____

Name Business Phone # Cell Phone #

Property Owner's Name: _____ Phone #: _____

Property Owner's Address: _____

I hereby make application for a Permit to demolish/move the structure described above. I will assure all the regulations of the City are met before demolition begins. **I understand that this form must be signed by all parties before work begins.**

I agree to the following:

Water and sewer utilities will be disconnected back to the edge of the City right-of-way line prior to demolition of the structure. Sewer Taps will be uncovered and inspected or replaced by owner if necessary. Disconnections must be inspected by the Public Works Director or his designee. Please provide at least 7 days notice of the need of an inspection.

Sidewalks, driveways approaches, and trees in the City right of way will not be removed or harmed. City trees and construction sites need to be fenced and secured. The lot will be cleared of all debris upon completion of the demolition/moving. All debris, materials, waste, etc. shall be removed and properly disposed of in compliance with all applicable local, state and federal regulations. The street will be kept clear and all mud will be removed from the street. If the property is moved, a City police officer is required to escort the property to City limits. **ANY DAMAGE TO CITY PROPERTY WILL BE REPAIRED AT THE CONTRACTOR'S EXPENSE.**

Approved for Issuance By: _____ Date: _____

Office of Community Development

_____ Date: _____

Water Manager

_____ Date: _____

Waste Water Manager

_____ Date: _____

Operations Manager

_____ Date: _____

Business Office

Permit Fee: $10.00

IF DEMO DONE PRIOR TO APPROVAL THERE WILL BE A $500.00 FINE. _____ (INITIAL)

_____ _____ _____

Contractor's Printed Name Contractor's Signature Date

SAMPLE