



# Charter Township of Garfield

Grand Traverse County

3848 VETERANS DRIVE

TRAVERSE CITY, MICHIGAN 49684

PH: (231) 941-1620 • FAX: (231) 941-1588

## DEMOLITION PERMIT SECTION 3303

Service utility connections shall be discontinued and capped in accordance with the approved rules and the requirements of the authority having jurisdiction.

Prior to issuance of a demolition permit, the following are required, unless otherwise waived:

- Demolition Permit Application
- Soil and Erosion Permit (if applicable)
- DEQ (for commercial only)
- Well and Septic or DPW (for cut and cap reasons)
- Electrical Services Shut Off Letter
- Gas Service Shut Off Letter

\*Phone and cable companies should also be notified

**COST OF DEMOLITION PERMIT IS \$55.00**

See Chapter 33 of the Michigan State Construction Code 2015 for other requirements, such as Protection of Pedestrians, Protection of Adjoining Property, and Requirements for Barriers.

- A Demolition Permit is required for each structure
- A “Land Use Permit” is not required for demolition

Any demolition of a structure other than a privately owned, privately controlled residence, require a “Notification of Intent to Renovate or Demolish” to be filed with the Asbestos NESHAP Coordinator in Lansing, MI. Questions regarding the Asbestos Notification can be directed to NESHAP, Asbestos Inspector, (517) 284.6777.



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## APPLICATION FOR DEMOLITION

<b>1) Owner Information</b>	<b>2) Applicant/Contractor Information</b>
<b>3)</b> Owner Name: _____ Address: _____ City, State, Zip: _____ Phone Number: (    ) _____ - _____	<b>4)</b> Applicant Name: _____ Address: _____ City, State, Zip: _____ Phone Number: (    ) _____ - _____

**2) Property Information**

Property Address: \_\_\_\_\_

Parcel ID #: 28 - 05 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Size of structure (please provide dimensions) \_\_\_\_\_

**3) Request to Demolish or Remove**

Manufactured (Mobile) Home       Commercial Building       Duplex

Multi-Family       Accessory Structure       Single Family Home

Industrial Building       Other  \_\_\_\_\_

**4) Utility Shut Off**

Prior to the issuance of a Demolition Permit, a Notice of Shut Off shall be provided to the Township for all applicable utilities:

**Please provide dates of shut off below and attached copies of proof of disconnect provided by these agencies**

Electric: ____ / ____ / ____	Gas: ____ / ____ / ____
Health Dept. (Well and Septic): ____ / ____ / ____	DPW (water & Sewer): ____ / ____ / ____

**5) Affidavit**

The undersigned affirms that he/she or they is (are) the owner, or authorized agent of the owner, involved in the application and the answers and statements herein contained, and the information submitted are in all respects true and correct.

Owner signature _____	Date _____
Applicants / Contractor signature _____	Date _____