

BEAR CREEK TOWNSHIP

DEMOLITION OR BUILDING REMOVAL PERMIT APPLICATION

373 North Division Road
 Petoskey, MI 49770
 Telephone (231) 347-3204
 FAX: (231) 347-0736

Demolition or
 Building Removal Permit No. _____

JOB SITE LOCATION	Address _____ Street Name _____ 24- _____ Property Tax I.D. Number _____ Lot/Unit No. _____ Plat or Condominium Name _____				
OWNER INFORMATION	First Name, Last Name _____ E-MAIL ADDRESS _____ Telephone Number _____			Mailing Address _____ Cell Phone Number _____ City, State and Zip Code _____ FAX Number _____	
LICENSED BUILDER/ CONTRACTOR INFORMATION	First Name, Last Name _____ E-MAIL ADDRESS _____ Telephone Number _____			Mailing Address _____ Cell Phone Number _____ City, State and Zip Code _____ FAX Number _____ Builders License Number _____ Expiration Date _____ Federal ID Number _____ MESCC Number _____ Worker's Compensation Carrier _____	

Ordinance 24-06 (An ordinance to designate an enforcing agency to discharge the responsibility of Bear Creek Township located in Emmet County, under the provisions of the Stille-DeRossett-Hale Single State Construction Code Act, 1072 PA 230, MCL 125,1501 et seq.)

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION.

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN, ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT (OTHER THAN OWNER) PRINT OR TYPE NAME DATE

I hereby certify that myself shall perform the work described on this application.

SIGNATURE OF OWNER (FOR APPLICATION) PRINT OR TYPE NAME DATE

TYPE OF WORK	<input type="checkbox"/> DEMOLITION <input type="checkbox"/> RELOCATION OF <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL		ESTIMATED COST OF DEMOLITION OR REMOVAL OF BUILDING \$ _____
DESCRIPTION OF BUILDING	NUMBER OF UNITS BEING MOVED. _____ IF BUILDING IS MOVED TO NEW LOCATION LIST ADDRESS OF WHERE BUILDING IS BEING MOVED TO: _____ DESCRIPTION OF WHAT IS BEING DEMO OR WHAT IS BEING MOVED: _____ _____ _____		
BUILDING INFORMATION AND DATA	<p style="text-align: center;">PLEASE ANSWER THE FOLLOWING QUESTIONS</p> 1. Is the building connected to the sewer? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, an inspection is required for capping or removal before back-fill. Contact Bear Creek Sewer Dept. for inspection. 231-347-0592 2. Septic tank? <input type="checkbox"/> Well? <input type="checkbox"/> Who is responsible? _____ 3. Did you contact the Health Dept. for capping off the well? _____ 4. Soil Erosion permit required? Yes <input type="checkbox"/> No <input type="checkbox"/> 5. Critical dunes permit required? Yes <input type="checkbox"/> No <input type="checkbox"/> 6. Who is responsible for cleaning the site? _____ Demolition Information: Has notification of intent to renovate/demolish been made to the Michigan Dept. of Environmental Quality (MDEQ)? Yes _____ No _____ If no give reason: _____		

(\$27,500 PENALTY PER DAY VIOLATION FOR FAILURE TO COMPLY WITH DEQ)

Demolition or Removal Fees \$200.00 per building +	Number of buildings	__ x \$200	
NON-REFUNDABLE APPLICATION FEE			\$45.00
	Total Permit Cost		\$

IF SEWER IS HOOKED UP THERE IS A \$60.00 INSPECTION FEE TO CAP OFF SEWER AND CHECK SHOULD BE PAYABLE TO BEAR CREEK SEWER AND THEN CALL FOR INSPECTION BEFORE COVERING.

NOTE: \$50.00 Fine per day if work is started without permit in hand.