Spencer Township
14960 Meddler Road • Gowen, MI 49326
Phone (616) 984-0035 • Fax (616) 984-2207

DEMOLITION APPLICATION / AFFIDAVIT

Date: _____

Name of Owner: _____

Owner Phone Number: _____

Type of Structure being Demolished: _____

Tax ID or Property#: _____

Address of Property: _____

_____

Name of Contractor: _____

Contractor Phone Number(s): _____

Contractor Address: _____

_____

Please read carefully, then sign and date below.

Affidavit:

1. The proposed demolition is authorized by the owner stated above.
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. Demolition Permit must be posted where visible to all passers-by.
5. I will comply with the Health Department's requirements to: a) have any on-site potable water well(s) properly abandoned by a licensed well drilling contractor and b) submit a "water well abandonment log" to the Health Department.
6. 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 the State Construction Code.
7. No debris (construction materials) will be buried on the site. (Concrete & masonry are the only exceptions).
8. Information was given in regards to Asbestos Notice, Standards on Asbestos, and DEQ application for Renovate/Demolish.
9. The home owner or a licensed residential builder or maintenance and alteration contractor in house wrecking can pull this permit.

I understand that failure to do any of the above will VOID this Demolition Permit.

Signature of Owner or Agent: _____

Date: _____