

Springport Township

PO Box 174, 101 E. Main St

Springport, Mi 49284

Application for Demolition Permit#

Date: _____

Name/Address of Owner

Address of Demolition Site

Phone: _____

Contractor _____

Insurance Co. _____

Address _____

Address _____

Date of planned demolition: _____

Type of structure to be removed: _____ if structure is a residence a building inspection will be required. **Building inspector's approval** _____ **date.** **Signature** _____

Method of Demolition: _____

List any hazardous materials on site to be removed: _____

Utilities disconnections and approvals:

Miss DIG notified and location of utilities are marked; _____ yes _____ no

Gas disconnection date; _____ by _____ title _____

Electrical disconnection date; _____ by _____ title _____

Water disconnection date; _____ by _____ title _____

Well abandonment date; _____ by _____ title _____

Jackson Co Health Dept. approved inspection date; _____

Additional notes; _____

If a septic system is going to be removed, removal must be in compliance with the Jackson County Health Department.

This permit can only be reviewed for approval after all utilities have been disconnected.

Permit approved: Date _____

Permit denied: Date _____

Cost of Demolition permit is based on type of structure to be demolished. _____ paid
check #/cash _____

Township Signature

Applicant Signature

Date _____

Date _____

517-857-2030 or email at spt-twp@springcom.com