

Demo Permit Application

115 South Main Street · P.O. Box 389 · Webberville, MI 48892 · Ph: 517-521-3984 · Fax: 517-521-3165

	Date:	Job Address:		
1.	Owner's	Information		
	Name:			
	Address:			
	City:	MI Zip Code:		
		ormation/Phone #:		
2.	Contract	or's Information		
	Name:			
	Address:			
	City:	MI Zip Code:		
	1 '	ormation/Phone #:		
	l	cense #:		
	Federal Employer ID or reason for exemption:			
	Workers Compensation Insurance Carrier or reason for exemption:			
		loyer Number or reason for exemptions:		
	<u> </u>			
3.	Proposed	d Project		
	1	family Duplex Multi-family Commercial Industrial		
4.	Garage			
		ed Detached Size: feet wide; feet long;		
		m ground to peak: feet; Wall height; feet		
	Describe Demo Work:			

ΔΓ	ADDITIONAL INFORMATION:			
1. 2. 3. 4. 5.	All information must be correct, complete, and leg Include copy of Utility Disconnections: Electrical, G Contractor's Registration is required if not already Separate permits are required for electrical, mechanic	as, Water & Sewer. on file.		
PI	ERMIT IS GOOD FOR 6 MONTHS.			
by lav ap	the owner to make this application as his/her autho	y the owner of record and that I have been authorized rized agent, and we agree to conform to all applicable the State of Michigan. All information submitted on this		
pe	rson from conspiring to circumvent the licensing re	quirement of this State relating in persons who are to I structure. Violators of Section 23a are subject to civil		
pe fin	rson from conspiring to circumvent the licensing re rform work on a residential building or a residentia	quirement of this State relating in persons who are to		
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Approved by: ______ Date: _____