



CITY OF INKSTER
 Department of Building & Structural Safe
 26215 Trowbridge Ave.
 Inkster, MI 48141
APPLICATION FOR DEMOLITION PERMIT

Job Location: _____		Date: _____
All permit requests must have an address		
Property I.D. Number _____	Subdivision _____	Zoning _____

<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Accessory	Contractor Information: Name _____ Address _____ City _____ State _____ Zip _____
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Owner Information:			
Name _____		Telephone Number _____	
Address _____	City _____	State _____	Zip _____

Type of Demolition – this application is submitted to demolish the following structures (indicate square footage of each item):

Asbestos contractor Information (if applicable)

The following guidelines apply to the removal of all asbestos during the demolition process: OSHA 3047, 2056, 3088, 3077, 3069, 3079, Code of Federal Regulations – Title 29, parts 1900-1910, Public Acts: 135 of 1986, House Bills: 5722, 4839, all other relevant regulations.

Asbestos Contractor _____ Telephone _____

Address _____ City _____ State _____ Zip Code _____

Asbestos Content: <input type="checkbox"/> No asbestos <input type="checkbox"/> Asbestos found. Type: _____	Total Permit Fee: \$ _____
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Demolition must be completed within 30 days. Permit may be extended per Building Official at \$25 per month. Open Hole/sewer cap inspections are required. Failure to comply could result in re-excavation of the site. This demolition will be performed in compliance with all local and state codes.

I hereby certify that I am the owner of record for the cited property or that the owner of record has authorized me to perform this demolition. The undersigned agrees to comply with all pertinent codes.

Signature of applicant _____ Telephone _____

CITY USE ONLY	
Utility Release Dates : Electrical: _____ Gas: _____	
Water: _____	
Water Dept. Signature: _____	Date: _____

Building Department Approval: _____ Signature _____ Date _____	Remarks: _____ _____ _____ _____
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