



DEMOLITION PERMIT APPLICATION

Building Department
City of Inkster, Michigan
26215 Trowbridge, Inkster, Michigan 48141
building@cityofinkster.com
Inspection Line: 313-563-7716

Job Location: _____ **Date** _____

All permit requests must have an address

Property I.D. Number _____ Subdivision _____ Zoning _____

____ Residential
____ Commercial
____ Industrial
____ Accessory

Contractor Information:

____ Name
____ Address _____ City _____ State _____ Zip _____

Owner Information:

____ Name _____ Telephone Number _____

____ Address _____ City _____ State _____ Zip _____

Applicant's Email Address: _____

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:

____ No asbestos
____ Asbestos found. Type: _____

Application Fee: \$ 40.00
Commercial Demo: \$300.00
Residential Demo: \$100.00
Residential Garage: \$50.00
Contractor License-Registration Fee: \$25.00
Total Permit Fee: \$ _____

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. All work to meet all currently adopted code requirements.

CITY USE ONLY

Utility Release Dates: Electrical _____ Gas _____ Water _____

Building Department Approval:

____ Signature _____ Date _____

Remarks: _____

