



Date: _____

Demolition Review Application

1. Applicant and Property Owner Information

Applicant Information

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

Owner Information (If Different)

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

2. Property & Project Information

Property Information

Parcel ID: 070-_____-_____-_____

Project Address: _____

Zoning District: _____

Method of Demolition

- Excavator
- Hand Demolition
- Fire Training Burn
- Other _____

Type of Structure to Be Demolished

- Principal Structure
- Accessory Structure over 200 Square Feet
- Other _____

Foundation Type

- Basement
- Crawl Space
- Concrete Slab
- Post Frame Footings
- None
- Other _____

Will any utilities be removed, disconnected, or capped:

Yes

No

If yes, indicate which: _____

3. Required Information

The following items are required for review. Initial each line to confirm understanding.

Applicant initials: _____

A. _____ I understand that all utilities must be disconnected or terminated in accordance with the requirements of the respective utility providers.

B. _____ I understand that municipal water and sewer services must be shut off or capped at the locations required by the City if the property is connected to municipal utilities.

C. _____ I understand that private wells and septic systems must be addressed according to Central Michigan District Health Department requirements.

D. _____ I understand that all hazardous materials must be removed and disposed of in accordance with state and federal regulations.

E. _____ I understand that the entire foundation, slab, or footings must be removed unless approved otherwise by the City.

F. _____ I understand that all excavated areas must be backfilled with clean fill and graded to match the surrounding ground.

G. _____ I understand that all demolition debris must be removed from the site and that burning is prohibited unless specifically approved by the Fire Department.

H. _____ I understand that sidewalks must remain open and unobstructed unless temporary pedestrian protection is installed consistent with City Code Chapter 30.

I. _____ I understand that placement of dumpsters, equipment, or obstructions in the street or right of way requires City approval.

J. _____ I understand that demolition activities may affect the nonconforming status of a building or site under the City zoning ordinance.

K. _____ I understand that I am responsible for obtaining all required permits or approvals from outside agencies, including Clare County and utility providers, before demolition begins.

4. Hazardous Materials

Does the structure contain any hazardous materials or regulated materials requiring special removal such as fuel tanks, propane tanks, refrigerants, mercury devices, or similar?

- Yes
- No

If yes, describe: _____

5. Applicant Certification

I certify that the information provided is true and accurate. I agree to follow all applicable City ordinances, zoning requirements, state regulations and any requirements of Clare County, utility providers, or other regulatory agencies. I accept full responsibility for ensuring that demolition is completed in a manner that protects public safety and neighboring properties.

Applicant Signature: _____ **Date:** _____

Property Owner Signature _____ **Date:** _____
(if applicable):

*****City Use Only*****

6. City Review

Date Received: _____

Date Reviewed: _____

Reviewed By: _____

Additional Requirements: _____

Signature of City Official: _____ **Date:** _____