



PERE MARQUETTE CHARTER TOWNSHIP

1699 S. Pere Marquette Hwy. ▪ Ludington, MI 49431 ▪ (231) 845-1277

INFORMATION FOR DEMOLITION / REMOVAL PERMIT

When applying for a demolition or removal permit, please complete the application on the reverse side while paying close attention to the information and requirements stated below.

1. MISS DIG.

Call Miss Dig at (800) 482 7171 for the location of underground utilities. Allow at least 3 working days for marking.

2. WATER / SEWER.

For Public Services, please contact the PM Township DPW. Approval from the DPW is required; Services must be turned off and the meters pulled.

Water Lines: Must be disconnected at the water main.

Sewer Lines: Must be properly capped.

NOTE: *Failure to call for an inspection prior to backfilling will result in having the owner re-open the excavation for proper inspections at the owner's expense. Allow 48 hours notice.*

For Private Services, please contact the Mason County Health Department at (231) 845 7381.

Wells: Closure must be approved by the Health Department.

Septic Tank: Must be pumped, filled and approved by the Health Department.

NOTE: *Please provide the Township copies of any related correspondence with Health Dept.*

3. ACCESSORY STRUCTURES.

Accessory structures must be removed from the property at the time of demolition or removal as no accessory structure is normally allowed without a principal dwelling or structure.

4. UNAUTHORIZED ENTRY.

All buildings being demolished will be kept closed up and/or secure during demolition in order to keep out an unauthorized entry.

5. FOUNDATION.

Foundation must be removed to below grade.

6. TOP SOIL.

Top soil and seeding is required upon completion of building demolition or removal.

7. MATERIAL DISPOSAL or NEW LOCATION FOR STRUCTURE.

*If **demolition**, proof of legal means of disposal must be provided (i.e. dump tickets or receipts).*

*If **removal**, a building permit will be required for the new site if in PM Twp. Also, MDOT and/or Mason County Road Commission approval is required for moving the structure.*

8. INSPECTIONS.

Inspections should be requested 24 hours in advance by contacting the Building Department at (231) 845 1277.

9. PAYMENT INSTRUCTIONS.

Checks may be made payable to Pere Marquette Twp.

AFFIDAVIT

I have read and understand all of the above demolition and removal requirements.

Property Owner's Signature Date

Applicant or Contractor Signature Date



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APPLICATION FOR DEMOLITION / REMOVAL PERMIT

PLEASE MARK ONE : DEMOLITION REMOVAL

PARCEL # : 53-010- - - - ADDRESS :

OWNER NAME EMAIL

ADDRESS

CITY / STATE

ZIP CODE

PHONE #

CONTRACTOR EMAIL

ADDRESS

CITY / STATE

ZIP CODE

PHONE #

PLEASE CHECK WHO THE APPLICANT IS FOR THIS PERMIT: OWNER CONTRACTOR

PROVIDE TYPE AND DESCRIPTION OF STRUCTURE TO BE RAZED (Include whether residential, commercial etc.):

HEIGHT OF STRUCTURE: _____ DEPTH BELOW GRADE: _____

BASEMENT: FULL PARTIAL NONE

WILL THE FOUNDATION BE REMOVED? YES NO (If no, then provide explanation below.)

ARE THERE ANY LAND IMPROVEMENTS SUCH AS FLAT CONCRETE WORK, SIDEWALKS, DRIVEWAYS, ACCESSORY STRUCTURES, ETC.; EXPLAIN WHICH IMPROVEMENTS, IF ANY, WILL REMAIN: _____

UTILITIES TO BE REMOVED: ELECTRIC TELEPHONE CaTV GAS
 WATER SEWER WELL SEPTIC TANK

LOCATION FOR MATERIAL DISPOSAL < OR > NEW LOCATION FOR STRUCTURE: _____

PERMIT FROM MASON COUNTY ROAD COMMISSION OR MDOT: YES (Please attach copy.) NO

In consideration of the granting of a permit for demolition or removal of the above structure, I agree to comply with all applicable local and state regulations and that Pere Marquette Charter Township shall not be liable for any damages resulting therefrom. I also acknowledge that ALL OTHER PERMITS needed must be obtained PRIOR TO DEMOLITION OR REMOVAL of the above structure.

Property Owner's Signature

Date

Applicant or Contractor Signature

Date

This Section For Official Use Only

APPROVALS AND ANY COMMENTS:

UTILITY DEPT: _____

BUILDING DEPT: _____

OTHER: _____



PERE MARQUETTE

CHARTER TOWNSHIP

1699 SOUTH PERE MARQUETTE HWY. • LUDINGTON, MICHIGAN 49431
(231) 845-1277 • FAX (231) 843-3330

CONTRACTOR INFORMATION FORM

Business Name

GENERAL INFORMATION

Owner Name: _____

Contact, if different than owner: _____

Mailing Address: _____

Phone: _____

Mobile: _____

Fax: _____

Email Address: _____

INSURANCE INFORMATION

General Policy Carrier: _____

Policy #: _____

Policy Period: _____

Workers' Comp #: _____

LICENSE INFORMATION

Federal ID: _____

State License: _____

Expire Date: _____

Signature

Date