

**Presque Isle Township
Demolition Permit**

Date: _____ Permit #: _____

Location of Demolition:

Address: _____
_____, ZIP _____

Property I.D. # _____

Legal Description: _____

Applicant Property Owner:

Name: _____ Name: _____

Address: _____ Address: _____
"_____" "_____"

Phone: _____ Phone: _____

Responsible Party: (General Contractor or Agent of Owner)

Name: _____

Address: _____

Phone: _____

Contractor License # _____

Statement of Utilities:

Please provide a brief description of how each of the utilities will be disconnected, removed and/or capped.

Electric: _____

Water: _____

Propane: _____

Septic: _____

Dates of Removal:

Commencement Date: _____

Completion Date: _____

Removal Methods:

Provide a brief description as to how the building will be removed including methods for removal and equipment to be used. _____

Hazardous Material:

Does the building contain any hazardous materials? _____

What is the plan for the removal of these materials? _____

Placement of Debris:

Where will the debris be taken? _____

Where will hazardous materials be taken? _____

Site Plan:

Please attach a site plan showing the property lines, the building(s) to be removed and those that will remain, location of all utilities and point of disconnection. The plan need not be drawn to scale but must include dimensions of lot lines and distances from the buildings to be removed to the lot lines.

Hazards:

Are there any problems or hazards that might occur as the result of the removal of this or these buildings? _____

Lakefront Lots:

Have you obtained a soil erosion permit from Presque Isle County for this activity? _____

Statement of Authorization:

I (we) the owners of the before mentioned property, authorize the Responsible Party listed on this application, to remove the building or buildings as indicated in this application and as shown on the site plan.

Date: _____ Date: _____

Approval: Permit #: _____

Conditions: _____

Signature: _____

Date: _____