Presque Isle Township

Demolition Permit

Date:	Permit #:		
Location of De	molition:		
Address:			
		, ZIP	
Property I.D. #	<u> </u>	 ,	
Applicant Prop	perty Owner:		
Name:		Name:	
Address:		Address:	
********		***************************************	
Phone:		Phone:	
Responsible Pa	rty: (General Contracto	r or Agent of Owner)	
Name:			
Address:			
Phone:			
Contractor Lic	ense #		

Statement of Utilities:

Please provide a brief description of now 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:

Signature:

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