

BERRIEN TOWNSHIP

8916 M-140, Berrien Center, Michigan 49102 (269) 461-6925 fax (269) 461-3762

DEMOLITION PERMIT

Permit No. \_\_\_\_\_ Parcel ID \_\_\_\_\_ Date \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone No. \_\_\_\_\_

Address of Demolition Activity \_\_\_\_\_

Type of Structure: Wood Frame/Masonry/Steel (please circle) Attachments to existing structure? Yes / No

Approx. Size of Structure \_\_\_\_\_ Structure: House /Barn /Shed (please circle) Other \_\_\_\_\_

Type of Demolition: Fire Department Controlled Burn / Mechanical Demolition (please circle)  
Other \_\_\_\_\_

Contractor or Fire Department: Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Any known buried tanks or chemical containers? Yes / No (please circle) If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

\* The applicant is responsible for removing any and all hazardous chemicals, fuels and other like substances which may pose hazard to the public during the process of demolition. The applicant is responsible that all proper disposal measures have been taken in accordance with Local, State and Federal regulations regarding such substances.

Submitted by: \_\_\_\_\_ Received by: \_\_\_\_\_

Permit Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

PERMIT GOOD FOR 30 DAYS. CALL TOWNSHIP HALL 48 HOURS PRIOR TO BEGINING WORK.

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_