

Village of Fowlerville

213 S. Grand Avenue
Fowlerville, Michigan 48836
Phone (517) 223-3771 Fax (517) 223-7435
www.fowlerville.org



Permit # _____

APPLICATION FOR DEMOLITION PERMIT

To be completed by applicant:

APPLICANT NAME:	_____
APPLICANT ADDRESS:	_____
APPLICANT PHONE #:	_____ EMAIL: _____
PROPERTY OWNER NAME:	_____
PROPERTY ADDRESS:	_____ PROPERTY TAX ID #: _____
PROPERTY OWNER PHONE #:	_____
DEMOLITION WILL START:	_____ COMPLETED BY: _____

To be included with submission of application:

EXISTING ZONING: _____
<input type="checkbox"/> PROOF OF OWNERSHIP or AUTHORIZATION FROM PROPERTY OWNER PROVIDED
<input type="checkbox"/> SKETCH OF BUILDING FOOTPRINT, including distances to property lines and currently existing structures.
<input type="checkbox"/> PROOF OF UTILITIES DISCONNECTED by Proper Authorities: Electrical, Water/Sewer, Gas, Phone, Etc.
<input type="checkbox"/> COMPLIANCE WITH FEDERAL AND STATE statutes and Regulations for removal, disposal or treatment of hazardous and non-hazardous materials and/or substances
<ul style="list-style-type: none">• COMMERCIAL/INDUSTRIAL BUILDINGS must work with EPA/HESHAP programs

Please note that demolition of said structure cannot begin until this permit has been approved by the Village of Fowlerville Zoning Administrator and appropriate permits obtained from the Livingston County Building Department. Processing of a permit is normally completed within 4-5 business days, but may be extended by the Zoning Administrator if necessary.

All excavation will be filled by the completion date and all debris removed. The site will be protected from trespassers. All utilities will be disconnected by proper authorities. The applicant shall comply with all federal and state statutes and regulations with respect to the removal, disposal or treatment of hazardous and non-hazardous materials and/or substances located on the site, including, but not limited to, such statutes and regulations pertaining to the characterization and disposal of excavated soils.

PROCEED TO LIVINGSTON COUNTY BUILDING DEPARTMENT (2300 E. Grand River Ave) FOR ADDITIONAL PERMITS.

I, the undersigned, acknowledge that additional costs may be incurred in the review of my application as a result of professional services by the Village Planner, Engineer, Attorney or others related to the review of my application. By signing this agreement, I hereby agree to pay any and all additional costs incurred by the Village and/or its consultants as they pertain to the review of my application.

APPLICANT NAME: _____ SIGNATURE: _____ DATE: _____
PROPERTY OWNER SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY	
ZONING ADMINISTRATOR APPROVAL: _____	DATE: _____
DPW APPROVAL: _____	DATE: _____
DATE APPLICATION FILED: _____	DATE FEE PAID (\$25): _____
APPROVED OR DENIED REASON IF DENIED: _____	
CONDITIONS: _____	