

VILLAGE OF HOLLY 300 East Street Road Holly, MI 48442 Office (248) 634-9571 Fax (248) 634-4211

APPLICATION FOR DEMOLITION PERMIT

BRING IN, OR SUBMIT BY MAIL WITH PAYMENT

Red Outline Means Required

Rev. 03-14-15

ADDRESS OF DEMOLITION SITE: DEMOLITION DATE: BUILDING TYPE: SIZE OR SQUARE FOOTAGE SIZE OR SQUARE FOOTAGE SIZE OR SQUARE FOOTAGE SIZE OR SQUARE FOOTAGE REASON FOR DEMOLITION RESIDENTIAL DO YOU HAVE INSURANCE COVERAGE AS CALLED FOR IN SPECIFICATIONS? HAVE NOW WILL OBTAIN	NOTE: Water/Se	s shut-offs must be attached with this permit APPLICATION DATE							
BUSINESS PHONE: (include area code) CELL PHONE: (include area code) OWNER(S): EMAIL: TYPE OF WORK PREVIOUSLY DONE IN THE VILLAGE OF HOLLY, IF ANY: EMAIL: TYPE OF WORK: DEMOLITION ADDRESS OF DEMOLITION SITE: EMOLITION CORRECTIVE REPAIR BUILDING TYPE: SIZE OR SQUARE FOOTAGE DEMOLITION DATE: BUILDING TYPE: RESIDENTIAL COMMERCIAL REASON FOR DEMOLITION WILL OBTAIN WILL THE FIRE DEPARTMENT DO A CONTROLLED BURN AT THIS SITE? YES UTILITY DISCONNECTION NOTICES: Please provide written disconnection service orders prior to obtaining demolition permit. ELECTRICAL POWER NATURAL GAS POWER CABLE COMPANY TILEPHONE COMPANY WATER SERVICE DISCONNECT SEWER CAP	CONTRACTOR'S BUSINESS NAME:				EMAIL:				
OWNER(S): EMAIL: TYPE OF WORK PREVIOUSLY DONE IN THE VILLAGE OF HOLLY, IF ANY: TYPE OF WORK: DEMOLITION ADDRESS OF DEMOLITION SITE: DEMOLITION DATE: BUILDING TYPE: SIZE OR SQUARE FOOTAGE RESIDENTIAL COMMERCIAL REASON FOR DEMOLITION DO YOU HAVE INSURANCE COVERAGE AS CALLED FOR IN SPECIFICATIONS? HAVE NOW WILL OBTAIN WILL THE FIRE DEPARTMENT DO A CONTROLLED BURN AT THIS SITE? YES UTILITY DISCONNECTION NOTICES: Please provide written disconnection service orders prior to obtaining demolition permit. ELECTRICAL POWER NATURAL GAS POWER CABLE COMPANY TURL ELEPHONE COMPANY WATER SERVICE DISCONNECT SEWER CAP	BUSINESS ADDRESS:								
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PEDESTRIAN PROTECTION IS COMPLETED:	TELE	PHONE COMP	ANY		TER SERVICE DISCONNECT SEWER CAP				
SIGNATURE DATE	SIGNATURE	DATE							
Note: Before starting any work, contractors will be required to have copies of certificates of									
insurance, in specific amounts, on file at the Village of Holly Municipal Office.									
SIGNATURE OF PERMIT HOLDER DATE VILLAGE REPRESENTATIVE DATE	SIGNATURE OF PERMIT HOLDER		DATE		VILLAGE REPRESENTATIV		/E	DATE	
FINAL GRADE MUST BE COMPLETED AND INSPECTED – PLEASE CALL THE VILLAGE OFFICE AT (248) 634-9571 AND ASK FOR THE BUILDING INSPECTOR.									