

CHARTER TOWNSHIP OF LANSING

3209 W. Michigan Ave.

Lansing, MI 48917

Phone: 517-485-3510, Fax: 517-485-3276

Demolition Permit Application

Permit# _____

Applicant Information:

Date: _____

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

Name: _____ Telephone: _____

Address _____ City _____ State _____ Zip _____

Email address _____

Location of Property to be Demolished:

Address: _____ Lansing Township, Ingham County, ZIP _____

Subdivision and lot number and/or parcel number _____

Current zoning classification: _____

Contractor

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

License Number _____

Worker's Comp Insurance Carrier _____

MESC Employer Number _____

Cost of Demolition _____

Residential ☐ **Commercial** ☐ **Industrial** ☐

Square footage of building to be demolished: _____

UTILITY DISCONNECTIONS: Attach proof to Application

☐ Electric ☐ Gas ☐ Water ☐ Sanitary Sewer ☐ Cable ☐ Other _____

Date: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent (attach proof of power of attorney) and we agree to conform to all applicable laws of the State of Michigan and Ordinances of the Charter Township of Lansing including but not limited to the requirements of Chapter 109. All information submitted as part of this application is accurate to the best of my knowledge.

Applicant's Signature

If applicant is not the owner of record of property, fill out below:

Owner Name _____ Telephone _____
Mailing address _____
Email address _____
Telephone _____ Cell: _____

Describe the **current use** of, and operations on, the property and buildings/structures proposed to be demolished:

Describe **future/post-demolition** plans for the property:

Describe the **historic uses** of the property and the buildings/structures proposed to be demolished:

ATTACHMENTS: Application is not complete without the following:

- ☐ Proof of Liability Insurance
- ☐ Environmental checklist
- ☐ Legal description of property to be demolished
- ☐ Survey or Mortgage report (for Class 2 or Class 3 Demolition Projects)
- ☐ Demolition Plan (as required in Section 109-6 or Section 109-7)
- ☐ Deposit, surety bond or letter of credit received.
Amount: _____
- ☐ 24/7 access passes (2) to the property received by the Township if required for entry.

Date demolition requested to begin: _____ end date: _____

Class 2 and Class 3 Projects:

____ Notice given to Building Inspector of commencement of work pursuant to this Permit being issued: (not less than 5 business days nor more than 10 business days) _____
(date)

____ Concurrent with above, Applicant shall cause public notice of commencement of demolition by posting subject property as required in Section 109-15 (2). Include photos of posting.

____ Prior to demolition, Inspection for infestation per Section 109-15(3)

Date of Inspection: _____ by: _____

Authorization to Enter Upon Property

I hereby authorize, and consent to, the entry upon the property and building(s)/structure(s) to be demolished by officials, agents, and representatives of the Charter Township of Lansing and Ingham County, for any and all purposes as authorized by the Township's Demolition of Buildings and Structures Ordinance (Chapter 109 of the Township's Code of Ordinances). I certify that I have the legal authority to grant such right of entry upon the premises at issue. I further certify that I have been provided with a copy of the Township's Demolition of Buildings and Structures Ordinance, and have reviewed or have had sufficient opportunity to review same.

Applicant's/Owner's Signature

*******FOR TOWNSHIP USE*******

Date of Pre-application meeting _____

Preliminary determination of Class for proposed demolition project:

☐ Class 1 ☐ Class 2 ☐ Class 3

Plan Review:

Administrative: Yes No Reviewed by: _____

Referred to Planning Commission? Yes No

Date of Planning Commission Meeting: _____

Application Fee: _____ Approval Date: _____

File Number: _____

Fire Dept.

Fire Protection Guard required? Yes No Hours: _____

Permit Fee: _____

Date Permit Issued _____

Permit Number _____