APPLICATION FOR DEMOLITION OF A BUILDING

PROCEDURE FOR DEMOLITION PERMITS

1. Applicant to receive Demolition Permit Application from the Grand Haven Department of Public Safety, Building and Code Division, 525 Washington Avenue, Grand Haven, MI 49417.

2. Applicant must provide documentation showing proof of proper utility shutoff/disconnection from applicable utility companies when the application is submitted.

3. For commercial demolition the applicant must have a City of Grand Haven Building Wrecker License. Fee for yearly City license is $25.00 and is obtained through the Clerk’s Office. This process may take several days. Please contact the Clerk’s office at (616)847-4886 regarding requirements for this City License.

4. For residential demolition the applicant must have a current State of Michigan Residential Builders License.

5. When the completed demolition application is returned to the Grand Haven Department of Public Safety, Building and Code Division and any required city license is verified, the Demolition Permit can be issued. Please allow at least 48 hours processing time.

6. Fees are set by the City Council and must be paid when the application is submitted:
   - Garage or Foundation Only: $35.00
   - Single Family Home: $75.00
   - Principal Structure Not Single Family Home: $120.00

7. Any dumpster being used that is not located on private property must be approved by the Department of Public Works before being placed. Proper lighting and barricades will be required. Please contact Public Works at (616)847-3493.

8. The sewer lateral line and water service line must be capped PRIOR to demolition of the structure. Contact the Department of Public Works at (616)847-3493 to arrange for the inspection of your capped lines BEFORE the lines are buried.
APPLICATION FOR DEMOLITION OF A BUILDING
City of Grand Haven, 525 Washington Ave, Grand Haven, MI 49417
Phone: (616) 842-3460    Website: www.grandhaven.org

1. Fee Schedule
   _____ $ 35.00   Garage or Foundation Only
   _____ $ 75.00   Single Family Home
   _____ $120.00  Principal Structure Not Single Family Home

2. Project Information
   Address of building to be demolished:______________________________
   Date demolition will be started:______________________________
   Name of Owner of building being demolished:______________________________
   Owner address:______________________________
   City/State/Zip:______________________________ Phone:______________________________

3. Contractor
   Name of Demolition Company:______________________________
   Contact Person:______________________________ Phone:______________________________
   Address:______________________________
   City/State/Zip:______________________________ Phone:______________________________
   Company’s City of Grand Haven Building Wreckers License expiration date:
   Contractor’s residential builders license number:______________________________
   Insurance Carrier:______________________________
   (Attached Certificate - P/L 50,000/100,000 - PD $25,000 and the City must be listed as additional insured)
   Proof of Workers Compensation:______________________________

4. Utility Shutoff/Disconnection
   _____ Water & Sewer: Provide a copy of the Department of Public Works permit and scheduled date of inspection.
   _____ Electric: provide documentation from Board of Light & Power of property shutoff/disconnection.
   _____ Gas: Provide documentation from Michigan Gas of property shutoff/disconnection.

I hereby certify that the above named building shall be fully and completely demolished by this date:______________________________, that public liability insurance is carried by myself on the named licensee, naming the City of Grand Haven as co-insured of said policy, that worker's compensation is in effect where applicable, and that all related utility companies have been notified and shut-off/disconnection will be completed prior to the commencement of demolition.

DEMOLITION MAY NOT TAKE PLACE UNTIL THE PERMIT HAS BEEN ISSUED FOR THE PROJECT

Signature of Applicant:______________________________ Date:______________________________
Print Name:______________________________

Office Use Only
Permit #:______________________________ Date Received:______________________________ Fee:______________________________
Date of Approval:______________________________ Date of Denial:______________________________ Approved by:______________________________

Email Completed Application to: GHDPSBuilding@grandhaven.org