



Grand Haven Department of Public Safety  
Building and Code Division  
525 Washington Avenue, Grand Haven, MI 49417  
Phone: (616) 842-3460 Website: [www.grandhaven.org](http://www.grandhaven.org)



## 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 any demolition, the applicant must have a City of Grand Haven Building Wrecker License. Fee for yearly City license is \$25.00 (plus a \$10.00 background fee), and is obtained through the Public Safety Office. Please contact the GHDPs/Building Department office at (616)842-3460 regarding requirements for this City License.
4. For residential demolition, the applicant must also 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.



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**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: \_\_\_\_\_



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### CONTRACTOR REGISTRATION

CHECK TYPE OF REGISTRATION: [ ] *BUILDER* [ ] *ELECTRICAL* [ ] *MECHANICAL*

NAME OF COMPANY \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

COMPANY E-MAIL ADDRESS (OPTIONAL) \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

OWNERS ADDRESS \_\_\_\_\_

OWNERS BIRTH DATE \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

FEDERAL ID NUMBER OR EXEMPTION \_\_\_\_\_

STATE OF MICHIGAN CONTRACTOR'S LICENSE NUMBER \_\_\_\_\_

MESC NUMBER OR EXEMPTION \_\_\_\_\_

NAMES OF OTHERS THAT WILL BE ALLOWED TO SIGN PERMIT APPLICATIONS

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*PLEASE ALSO SEND A COPY OF YOUR CONTRACTOR LICENSE\*\***

