

DEMOLITION PERMIT APPLICATION

CITY OF CLARE

MISS DIG CONFIRMATION NUMBER & APPROVAL OF ALL AFFECTED MUNICIPAL DEPARTMENTS IS REQUIRED BEFORE A DEMOLITION PERMIT CAN BE ISSUED OR ANY WORK BEGUN.

DEMOLITION ADDRESS: _____

TAX ID#: 18- _____

WHAT IS BEING DEMOLISHED: _____

HAZARDOUS MATERIALS TEST CERTIFICATE NO: _____

Scheduled Demolition Date: _____

Date of Application: _____

OWNER INFORMATION

CONTRACTOR INFORMATION

Name: _____

Name: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Phone: _____

Phone: _____

DATE

AUTHORIZED SIGNATURE

1. MISS DIG Confirmation Number
(Must be on form before any further signatures obtained)
2. Department of Public Works Approval
3. City Assessor's Acknowledgement (for tax purposes)

>>>PERMIT VALID FOR 30 DAYS<<<

I hereby certify that if I am not the owner of record, the proposed work has been authorized by such owner and I have been authorized to act as his/her Agent for the proposed work.

I have read this application and hereby certify it to be correct. I agree to comply with all laws and ordinances governing the proposed demolition, to secure necessary permits, and to pay any fees and assessments that pertain to this

I understand it is my responsibility to contact all utility companies prior to beginning demolition; and that I am responsible for any damages caused to utilities during demolition if the utility company was not properly notified.

Permit #: _____

Signature of Applicant

Permit Fee: \$55.00 Date Paid: _____	Approved [<input type="checkbox"/>] Denied [<input type="checkbox"/>] By: _____ <i>Building Inspector</i>	FINAL APPROVAL DATE: _____ BY: _____ <i>City Manager</i>
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COPY TO CITY ASSESSOR UPON COMPLETION

