

APPLICATION FOR A PERMIT TO WRECK
 CITY OF KALAMAZOO
 COMMUNITY PLANNING AND DEVELOPMENT
 415 Stockbridge Avenue
 Kalamazoo, MI 49001
 337-8026

 Permit Number

 Date

 Address of work

 Contractor's Name

 Owner of Property

 Contractor's address/Telephone #

Building is:

Building

Construction

Commercial ____ Dwelling ____ Size Type
 Units ____
 Accessory ____ Stories ____ x ____

PRE-DEMOLITION INSPECTIN FOR
 DANGEROUS SUBTANTCES

UTILITY NOTIFICATION
 Water

 Date of Inspection
 Inspector _____

Electric & Gas

 Date of Removal

 Date of Removal

BEFORE A PERMIT CAN BE ISSUED YOU NEED TO CONTACT BOB MCCLENNEY AT 337-8146 TO HAVE THE WATER SHUT OFF AND MARKED. THEN YOU MUST DIG THE WATER LINE UP WITHIN 4 TO 6 FEET INSIDE THE PROPERTY LINE, CUT AND CRIMP IT. THEN CALL BOB MCCLENNEY AGAIN FOR AN INSPECTION.

PREMISE TO BE FILLED & LEVELED? ____ STARTING DATE _____
 BY _____ COMPLETION DATE _____
 CASH DEPOSIT OR BOND _____ INSURANCE _____
 LIST ALL SPECIAL CONDITIONS _____

WITH THE GRANTING OF THIS PERMIT, IT IS AGREED THAT THE WRECKING OPERATION WILL BE COMPLETED WITHIN THE TIME LIMIT SPECIFIED BY KALAMAZOO CITY CODES UNLESS OTHERWISE EXTENDED FOR CAUSE SHOWN, THAT PROPER GRADING AND LEVELING OR PROPER AN SAFE BARRICADE WILL BE PROVIDED AROUND ALL OPENINGS. IT IS ALSO AGREED THAT ON FAILURE OF PERFORMANCE PURSUANT TO THE TERMS OF THIS PERMIT, THE PERFORMANCE BOND OR CASH BOND SHALL BE FORFEITED TO THE CITY FOR USE IN COMPLETING THE WRECKING, GRADING, LEVELING OR BARRICADING AS REQUIRED BY KALAMAZOO CITY CODES.

I DO HEREBY SWEAR AND WARANT THAT THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, I AGREE TO SAVE THE CITY OF KALAMAZOO, MICHIGAN HARMLESS FROM ANY AND ALL CLAIMS OR DAMAGES WHICH MAY ARISE FROM THE EXERCISE OF SAID PERMIT.

I, _____, DO HEREBY AGREE TO PERFORM SAID WORK IN ALL RESPECTS IN COMPLIANCE WITH THE PROVISIONS OF THE STATUTES OF THE STATE OF MICHIGAN AND THE KALAMAZOO CITY CODES.

 OWNER'S SIGNATURE

 DATE

 CONTRACTOR'S SIGNATURE

 DATE

FINAL APPROVAL:

 INSPECTOR'S SIGNATURE

\$ _____
 FEE

 DATE

 APPROVED FOR ISSUE