## APPLICATION FOR A PERMIT TO WRECK CITY OF KALAMAZOO

## COMMUNITY PLANNING AND ECONOMIC DEVELOPMENT

245 N Rose St, Ste 100 Kalamazoo, MI 49007

337-8026 or constructionpermits@kalamazoocity.org

Permit Number	Date
Address of work	Applicant/Contractor's Name
Owner of Property	Applicant/Contractor's address/Telephone #
	Email Address
Building is:	Building Construction
Commercial Dwelling Size	Туре
Accessory Stories	x
PRE-DEMOLITION INSPECTIN FOR UTILITY DANGEROUS SUBTANTCES Water	TY NOTIFICATION
	Date of Removal
Date of Inspection Electric & Gas Inspector	Date of Removal
SEVER WATER LINE AT THE CURB VALVE PRIOR TO THE START OF DEMOLITION OF THE BUILDING	
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

06/24