

**DEMOLITION PERMIT APPLICATION  
GRATTAN TOWNSHIP  
12050 OLD BELDING RD.  
BELDING, MI 48809  
OFFICE: 616-691-8450 FAX: 616-691-8804**

**1. Application Information:** Contractor / Property Owner (Circle One) **FEE: \$75.00**\_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*(if different than property for demolition)*

**2. Property Location:** Parcel Number: 41-12- - -

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**3. Contractor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Verified Proof of Ownership (Deed)**

**4. Structure to be demolished?** \_\_\_\_\_

**5. Is this a total Demolition?** YES [ ] NO [ ]

**6. Will rebuild on property** YES [ ] NO [ ]

**IF YES, AND YOU PLAN TO REBUILD, YOU MUST CONTACT ZONING ADMINISTRATOR**

**7. Need Sewer Disconnect** YES [ ] NO [ ]

**IF YES, SEE ITEM #11 ON SEWER PERMIT APPLICATION DISCLOSURE FORM**

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**AFFIDAVIT:**

I certify that I am the property /building owner or the owner's authorized agen and that I agree to comply with applicable laws of this jurisdiction. I have contacted the Zoning Administrator regarding rebuilding on this property. I also verify that this application is accurate and complete.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*\*\*\*\*OFFICE USE BELOW\*\*\*\*\*

**APPLICATION FEE PAID:** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ZONING ADMINISTRATOR:** \_\_\_\_\_ **APPROVED [ ] DATE:** \_\_\_\_\_