



601 Avenue A, Springfield, MI 49015
Phone: 269-965-2354 Fax: 269-965-0114 Web Site: www.springfieldmich.com

Demolition Permit Application

PLEASE TYPE OR PRINT

Date Submitted: _____

I. LOCATION OF CONSTRUCTION Address: _____

II. TYPE & COST OF CONSTRUCTION

A. DEMOLITION FEE:

Residential Without basement (\$50.00) With basement (\$100.00)

Commercial \$0.01 per square foot with a Minimum of (\$50.00) Re-inspection/Additional Inspections (\$50.00)

B. ADMINISTRATION FEE: (\$50.00)

Total Fee: \$ _____

III. PROJECT DESCRIPTION: _____

IV. LICENSED BUILDERS INFORMATION: General Contractor: _____

Address: _____ City/State: _____ Zip: _____

Phone #: _____ Fax #: _____ E-Mail: _____

License #: _____ Expiration Date: _____

Worker's Disability Compensation Insurance: Carrier: _____

IRS Employer #: _____ MESC Employer #: _____

V. OWNER OR LESSEE INFORMATION: Applicant: _____

Address: _____ City/State: _____ Zip: _____

Phone #: _____ Fax #: _____ E-Mail: _____

Applicant Signature: _____ Inspector Approval: _____

Code of Ordinance Section 6-154 (b) (1) All work covered by permit shall be fully completed within (45) forty five calendar days from the date of issue.

OFFICIAL USE ONLY

Permit Number: _____ Issue Date: _____

TOTAL AMOUNT: \$ _____