



# City of Springfield

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 (\$40.00)                      With basement (\$80.00)

Commercial  
\$.01 per square foot with a Minimum of (\$50.00)  
Re-inspection/Additional Inspections (\$40.00)

B. ADMINISTRATION FEE:  
(\$40.00)

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.

<b>OFFICIAL USE ONLY</b>	
Permit Number: _____	Issue Date: _____
<b>TOTAL AMOUNT: \$ _____</b>	