



# CLINTON COUNTY BUILDING DEPARTMENT

Clinton County Courthouse  
100 E. State St. Suite 1300, St. Johns, MI. 48879  
Phone: (989) 224-5181/Fax: (989) 227-6492



## APPLICATION FOR DEMOLITION

\$300.00 COMMERCIAL DEMO     \$200.00 RESIDENTIAL DEMO     \$150.00 DETACHED ACCESSORY DEMO

PROJECT INFORMATION			
PROJECT NAME (home owners name, business, church, etc)		ADDRESS	
CITY/VILLAGE	TOWNSHIP	SECTION	ZIP CODE
SPECIAL DIRECTIONS			PARCEL #

**COMMENTS/SPECIAL INSTRUCTIONS:**

**2012 Michigan Building Code, Section 3303:** Construction documents & a schedule for demolition shall be submitted to the Building Official. Until such required information has been submitted & approved, no work shall be done. The work of demolishing any building shall not be commenced until pedestrian protection is in place, as required by the Building Official. A horizontal exit shall not be destroyed unless and until a substitute means of egress has been provided and approved. Where a structure has been demolished or removed, the vacant lot shall be filled and maintained to the existing grade or in accordance with the ordinances of this jurisdiction. Provision shall be made to prevent the accumulation of water or damage to any foundations on the premises or the adjoining property. Service utility connections shall be discontinued and capped in accordance with the approved rules and requirements of the governing authority. Fire safety during demolition shall comply with the applicable requirements of this code and the provisions of Chapter 56 of the International Fire Code.

Section 23a of the State Construction Code of 1972, PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subjected to civil fines.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTRACTOR/HOMEOWNER INFORMATION			
<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner	Name	State License Number & Expiration Date	
Address			
City	State	Zip Code	Email
Telephone Number	Federal Employer ID Number (or reason for Exemption)		
Workers Comp. Insurance Carrier (or reason for exemption)		MESC Employer Number (or reason for Exemption)	

<i>Internal Office Use Only</i>	<b>FEE:</b>		
APPROVED BY: _____	\$300 CD	\$200 RD	\$150 PBD
DATE: _____			