City of Detroit

BUILDINGS AND SAFETY ENGINEERING DEPARTMENT
4th Floor City-County Building
Two Woodward Avenue
Phone 224-3173-74

APPLICATION FOR PERMIT

TO

DISMANTLE OR MOVE BUILDINGS OR STRUCTURES

NOTE:

Location, ownership and details must be CORRECT, COMPLETE, LEGIBLE.

Separate applications are required for separate premises. Applications must be typewritten or filled in with ink and submitted in duplicate.

Lot plots must be drawn on application to show following: (a) Dimensions of lot; (b) All existing buildings on premises, indicating those which are to be removed and those which will remain; (c) Distances between building to be removed and property lines; (d) Location of required protection.

DEED OR OTHER EVIDENCE OF OWNERSHIP must be presented before a permit will be issued.

PERMITS TO OCCUPY PUBLIC PROPERTY with fences, barricades, or bridges must be obtained from the Department of Public Works.

PLANS IN DUPLICATE showing construction of bridges, when bridges form protection, shall be submitted with applications.

BEFORE WRECKING OR MOVING PERMIT CAN BE ISSUED clearance forms must be obtained from the following utilities:

Michigan Consolidated Gas Co., Customer Service, 500 Griswold, Phone 256-5181

Board of Water Commissioners, Customer Service, 105 City-County Building, Phone 224-0545

Detroit Edison Company, Customer Service, 2000 Second, Phone 237-7500

Board of Health, Industrial Hygiene, 1161 Taylor, Herman Kiefer Hospital, Bldg. 4, Room 100, Phone 876-4519

APPLICANT INFORMATION

Applicant must provide the following information pursuant to PA 135 (1989)

Name	www.mananamanamanana	Telephone No.					
Address		City		State	Zip Code		
Builders License No.		Exp. Date		D	et. Regis. No.		
Federal Employer ID Number or Reason for Exemption							
Workers Comp Insurance Carrier o Reason for Exemption	r						
MESC Employer Number or Reason for Exemption			n#=16T++=+++++++++++++++++++++++++++++++++				
Section 23a of the State Constr Michigan Compiled Laws, prohi persons who are to perform work	ibits a person from	n conspiring to circumve	nt the licensi	ing requi	rements of this state relating to		
Signature of Applicant		Application Date					
OWNER			Social Security No				
Address(Number)				Phor	ne No		
(Number) Driver's License or State I.D. No					(Area Code)		
LOCATION: Side of Street		· · · · · · · · · · · · · · · · · · ·)		St.		
Between	rth, East, South, West	(House Number)	_ St. and		St.		
Lot Number			_ Subdivison				
LOT SIZE: ft. WIDE	E by	_ ft. DEEP	Corner	Alley	Rear or Side Width		
BUILDINGS PROPOSED TO BE F	REMOVED						
Number of buildings to be removed							
USE State Classification Such as Dwelli							
State Classification Such as Dwelli If dwelling, number of dwelling uni	-						
SIZE OF BUILDING: ft.	WIDE by	ft. LONG by	_ ft. HIGH _	No. of	CONSTRUCTIONFrame, Brick, Brick Veneer,		
SIZE OF BUILDING: ft.	WIDE by	ft. LONG by	_ ft. HIGH	Stories No. of	Cement Block, etc. CONSTRUCTION Frame, Brick, Brick Veneer,		
SIZE OF BUILDING:ft.	WIDE by	ft. LONG by	_ ft. HIGH	Storles	Cement Block, etc.		
:				No. of Storles	Frame, Brick, Brick Veneer, Cement Block, etc.		
Volume	If more	than one building, give volume of e	ach				
PROTECTION	R more	than one ounding, give volume of e					
Protection required for							
<u>.</u>	Stre	et, Alley, Sidewalk, Private Property					
KIND Fence, Barricad			Loc	ation	Distance from Building		
,					-		

AFFIDAVIT FORMS MUST BE PROPERLY EXECUTED BEFORE PRESENTING APPLICATIONS FOR PERMIT

	I (We) hereby certify that the above answers are correct and tr	ue.					
	river License # D.O.B						
CONTRACTOR SIGNS THIS	Ct. of Michigan						
RSIGN	State of Michigan, County of Wayne ss.						
ACTO			Owner or Licensed Contractor				
SSE	Subscribed and sworn to before me this day of		, A.D. 19				
	Commission expires, 19		Notary Public				
		,					
]	(We) hereby certify that I am (we are) the owner of the herein d	escribed premises by virtue of a	(Deed, Land Contract, Lease, etc.)				
_	and have appointed	my (our) agent and that	t he is (they are) qualified to make				
AFFIDAVII	Licensed Contractor's Name						
-	he above affidavit for me.	D O B					
EL SNE	Oriver License #	D.O.B					
OWNER SIGNS THE	State of Michigan, State of Michigan, State of Wayne						
E C	Journal of Wayne		Owner				
	Subscribed and sworn to before me this day of .		, A.D. 19				
1	Commission expires, 19		Notary Public				
	STREETS AND TRAFFIC						
	APPROVED BYExaminer		Date				
	Examiner						
	D.P.W. PERMIT #						
	(See back of Application	for Lot Plot requirements)					
NOT TO BE FILLED IN BY APPLICANT							
	LICENSES AND PERMITS						
			.				
	APPROVED BY		Date				
ENGINEERING EXAMINATION							
	TYPE CLASS	VOLUME	Each Building				
	APPROVED BY						
	Examiner						

Permit No

TO BE FILLED IN BY APPLICANT

LOT PLOT:

This plot must show the following: (a) Location of streets and alleys; (b) Dimensions of lot; (c) All existing buildings on premises, indicating those to be removed and those which will remain; (d) Distances between buildings to be removed and property lines; (e) Location of fences, barricades or bridges.

IT IS IMPORTANT AND NECESSARY TO FURNISH A COMPLETE LOT PLOT.

ALLEY