

BAINBRIDGE TOWNSHIP

**Demolition Permit**

Permit No.: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Property Tax I.D. No.: \_\_\_\_\_

Address of demolition activity: \_\_\_\_\_

Type of Structure: \_\_\_\_\_ Wood Frame \_\_\_\_\_ Masonry \_\_\_\_\_ Steel

Appx. Size of Structure: \_\_\_\_\_ Attachments to existing structure? \_\_\_\_\_ Yes \_\_\_\_\_ No

Structure: \_\_\_\_\_ House \_\_\_\_\_ Barn \_\_\_\_\_ Shed \_\_\_\_\_ Other: \_\_\_\_\_

Type of Demolition: \_\_\_\_\_ Controlled Burn \_\_\_\_\_ Mechanical Demolition

Contractor or Fire Department: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any known buried tanks or chemical containers? (If yes, please explain\*) :  
\_\_\_\_\_  
\_\_\_\_\_

\*The applicant is responsible for removing any and all hazardous chemicals, fuel, and other like substances which may pose hazard to the public during the process of demolition, and see to it that the proper disposal measures have been taken in accordance with Local, State, and Federal regulations regarding such substances.

Submitted By: \_\_\_\_\_ Received By: \_\_\_\_\_

Permit Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

**Call township office (269 468-8040) 48 hours prior to starting work**

● For Burning—Notify your Fire Department -- 24 hours prior to fire

● Permit good for 30 days.

NOTES: \_\_\_\_\_  
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