

**Zeeland Charter Township
Demolition Application and Permit**

Application Address _____

Type of building or structure (check all that apply)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Masonry | <input type="checkbox"/> Steel Frame |
| <input type="checkbox"/> Full Basement | <input type="checkbox"/> Slab on Grade | <input type="checkbox"/> Crawl Space |
| <input type="checkbox"/> Post Frame | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Other |

If Other Please Specify _____

Type of utilities attached (check all that apply)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Township Water | <input type="checkbox"/> Private Well | <input type="checkbox"/> Shared Well |
| <input type="checkbox"/> Township Sewer | <input type="checkbox"/> Septic System | <input type="checkbox"/> Pump/Haul |
| <input type="checkbox"/> Overhead Electric | <input type="checkbox"/> Underground Electric | <input type="checkbox"/> Natural Gas |
| <input type="checkbox"/> Propane Tank/Lines | <input type="checkbox"/> Cable TV | <input type="checkbox"/> Fiber Optic |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Satellite Dish | |

Date for work to begin _____ . Estimated completion date _____ .

Applicant Name and Address _____

_____ Phone Number _____

.....
Please do not write below this line
.....

**Permit# _____ This permit is issued under the provisions of Section 3.21
of the Zeeland Charter Township Zoning Ordinance
adopted August 21, 2007**

Plot plan required Yes No

Performance Bond Required Yes No Amount\$ _____

Demolition permitted to begin Date: _____ and completion by _____.

Unless otherwise allowed, all debris is to be eliminated from the site with no burial or collapsed foundations, all excavations filled, wells sealed, septic tanks eliminated and proper terminations of all utility connections.

Inspection required before filling and restoration

Additional requirements and comments _____

Approved by _____
Zoning Administrator