

**APPLICATION FOR LICENSE
TO WRECK/MOVE BUILDINGS**

Community Planning & Development
445 W. Michigan Ave., Suite 101
Kalamazoo, MI 49007 (269) 337-8026

Date Submitted _____

License No. _____

Rec'd by _____

Issue by/date _____

OK to issue _____

License Fee _____

Name of Firm _____

Name of Applicant _____

MAIN OFFICE INFORMATION

LOCAL OFFICE INFORMATION

General Manager _____

Resident Agent _____

Address _____

Address _____

Phone No. _____

Phone No. _____

Business Owner(s) or [] _____

Corporation Officers [] _____

Evidence of appropriate knowledge and experience attached []

Public Liability Insurance [] Policy No. _____ Expires _____

Insurance Company Name _____

\$1,000,000. Bodily Injury [] \$1,000,000.00 Property Damage []

30 day written Cancellation Notice Provision []

City, its agents, and employees included as additional insured []

*Cancellation or Lapse of this Policy will void License and all Permits.

I hereby certify that I have read and examined this Application and know same to be true and correct. I agree to comply with all provisions of laws and ordinances governing this type of work. The granting of this License does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating the wrecking or moving of buildings.

Applicant Signature _____

Date _____

*This License shall not be assigned or transferred and shall expire on ____/____/____.