

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

Community Planning & Development  
415 E. Stockbridge Avenue  
Kalamazoo, MI 49001(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 \_\_\_\_/\_\_\_\_/\_\_\_\_.