

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

Community Planning & Economic Development  
245 N Rose St, Ste 100  
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 \_\_\_\_\_

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**MAIN OFFICE INFORMATION**

General Manager \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

**LOCAL OFFICE INFORMATION**

Resident Agent \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

Business Owner(s) or [ ] \_\_\_\_\_  
Corporation Officer(s) or [ ] \_\_\_\_\_  
Evidence of appropriate knowledge and experience attached [ ]

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Public Liability Insurance [ ] Policy Number \_\_\_\_\_ Expires \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
\$1,000,000 Bodily Injury [ ] \$1,000,000 Property Damage [ ]  
30-Day Written Cancellation Notice Provision [ ]  
City of Kalamazoo, its Agents, and employees included as additional insured [ ]

\*cancellation or lapse of this policy will void license and all permits.

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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 \_\_\_\_\_