

APPLICATION FOR A PERMIT TO WRECK
CITY OF KALAMAZOO
COMMUNITY PLANNING AND ECONOMIC DEVELOPMENT
245 N Rose St, Ste 100
Kalamazoo, MI 49007
337-8026

Permit Number

Date

Address of work

Contractor's Name

Owner of Property

Contractor's address/Telephone #

Contractor's Email Address

Building is:	Building	Construction
Commercial ____	Dwelling ____	Size
Accessory ____	Units ____	Type
	Stories ____	____ x ____
PRE-DEMOLITION INSPECTIN FOR DANGEROUS SUBTANTCES	UTILITY NOTIFICATION	
_____ Date of Inspection	Water	_____ Date of Removal
Inspector _____	Electric & Gas	_____ Date of Removal
SEWER WATER LINE AT THE CURB VALVE PRIOR TO THE START OF DEMOLITION OF THE BUILDING		
PREMISE TO BE FILLED & LEVELED? ____ STARTING DATE _____		
BY _____ COMPLETION DATE _____		
CASH DEPOSIT OR BOND _____ INSURANCE _____		
LIST ALL SPECIAL CONDITIONS _____		
<p>WITH THE GRANTING OF THIS PERMIT, IT IS AGREED THAT THE WRECKING OPERATION WILL BE COMPLETED WITHIN THE TIME LIMIT SPECIFIED BY KALAMAZOO CITY CODES UNLESS OTHERWISE EXTENDED FOR CAUSE SHOWN, THAT PROPER GRADING AND LEVELING OR PROPER AN SAFE BARRICADE WILL BE PROVIDED AROUND ALL OPENINGS. IT IS ALSO AGREED THAT ON FAILURE OF PERFORMANCE PURSUANT TO THE TERMS OF THIS PERMIT, THE PERFORMANCE BOND OR CASH BOND SHALL BE FORFEITED TO THE CITY FOR USE IN COMPLETING THE WRECKING, GRADING, LEVELING OR BARRICADING AS REQUIRED BY KALAMAZOO CITY CODES.</p> <p>I DO HEREBY SWEAR AND WARRANT THAT THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, I AGREE TO SAVE THE CITY OF KALAMAZOO, MICHIGAN HARMLESS FROM ANY AND ALL CLAIMS OR DAMAGES WHICH MAY ARISE FROM THE EXERCISE OF SAID PERMIT.</p> <p>I, _____, DO HEREBY AGREE TO PERFORM SAID WORK IN ALL RESPECTS IN COMPLIANCE WITH THE PROVISIONS OF THE STATUTES OF THE STATE OF MICHIGAN AND THE KALAMAZOO CITY CODES.</p>		
_____ OWNER'S SIGNATURE	_____ DATE	
_____ CONTRACTOR'S SIGNATURE	_____ DATE	

FINAL APPROVAL:

INSPECTOR'S SIGNATURE

DATE

FEE

APPROVED FOR ISSUE