CITY OF NEWAYGO
Application for Demolition / Removal Permit

Date: _____ Permit #: _____ Fee:_____

1. Applicant information: (if not individual, list business) **Owner Information:** (if different than applicant)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

2. Address of premises worked on: _____

3. Description of structure being demolished or removed: _____

_____

4. Date(s) during which work will be executed: _____

5. Describe procedure and safety precautions: _____

_____

6. Are there any water wells located on the property? If so, describe location. (Wells must be properly closed before demo)

_____

7. Any heating oil tanks or other chemical/fuel tanks located on or under property? _____

Any other special circumstances City should be aware of? _____

8. I do solemnly swear that the above information is true and complete to the best of my knowledge. I also understand that withholding any information that is both pertinent and necessary for the health and safety of others is an offense in the City of Newaygo and will be used as such.

_____ _____

Applicant Date Applicant Date

****

( ) Granted Reasons/Conditions: _____

( ) Denied Reasons: _____

Date: _____ _____

Zoning Administrator, City of Newaygo

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Copies – Applicant, Assessor, Police Department