Mussey Township

135 N. Main Street Capac, MI 48014

Phone 810-395-4915 Fax 810-395-7182

Building Department - Demolition Compliance Permit Application

Permit#				
Date:				
Permit holder's Name:				
Address:				
*Need a copy of driver's]				
Property Owner's Name:				
Date for the removal of Bu	uilding:			
Need proof of ownership				
() Electrical has been of	lisconnected			
() All gas lines have been disconnected				
() Well & septic for aba	andonment must meet Health Dept. approval			
All shingles and building	material must be hauled off the site. Concrete,			
footings, block & brick mu	ast have 4'6" of earth cover. Must provide			
drawing where all concrete	e is buried and show location off all property			
lines. After all concrete	e is placed in hole, you must call for an			
inspection. Do not back	-fill until inspection is finalized.			
Signature	Date			

Demolition Permit Fee	: \$150.00	Date Paid		
() Permit Approved	() Permit Denied			
Zoning Administrators Signature:				
Date:				