Demolition Permit

#_____

Today's Date: _____

Stockbridge Township
517-851-9362

Date beginning Demolition: _____
Date Demolition will be finished: _____
Expires 90 days from date of issue

Parcel Number 33-_____-16-_____-_____-_____

Property Address: _____ Stockbridge, MI 49285

Property Owner: _____ Phone Number: _____Cell: _____

Owner Address: _____City: _____State: _____Zip Code: _____

Contractor: _____Phone Number: _____Cell: _____

Contractor Address: _____City: _____State: _____Zip Code: _____

Structure to Demolish: _____

Reason for Demolition: _____

Is this structure attached to another structure: Y or N

If yes, please describe: _____

Signature: _____ Owner/Contractor (circle one)

Fee: $85.00 Check: _____ Cash: _____ Receipt Number: _____

Inspected by Assessor: _____ _____
Signature Date

Inspected by Zoning Administrator: _____ _____
Signature Date