

City of Bay City – Building Department
 301 Washington Avenue, Bay City, MI 48708
Inspections: 989-894-8162
 Fax Telephone: 989-894-8224
 Building Inspector: 989-894-8163
 www.baycitymi.org

Permit # _____

Receipt # _____

Check # _____

BS&A # _____

DEMOLITION PERMIT APPLICATION

ADDRESS OF WORK			
OWNER			PHONE #
ADDRESS	CITY	STATE	ZIP
DEMOLITION CONTRACTOR			PHONE #
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS:	CELL PHONE # / PAGER #		
ABATEMENT CONTRACTOR			PHONE #
ADDRESS	CITY	STATE	ZIP

TYPE OF STRUCTURE TO BE REMOVED

<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> MASONRY	<input type="checkbox"/> OTHER
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> HOUSE	<input type="checkbox"/> GARAGE	<input type="checkbox"/> OTHER

DESCRIBE THE METHOD TO SECURE THE PROPERTY UNTIL THE DEMOLITION IS COMPLETED:

Have required forms been submitted to the Department of Environmental Quality? _____

Have all utilities been notified? _____

I agree to carry out this demolition in a safe manner. I will remove all materials in accordance with the ordinances of the City Of Bay City and fill, and grade the site as soon as possible. I will keep the site secure at all times and keep all materials from becoming a nuisance. I will arrange for inspection of all sewer connections, basement slabs and final grading. I agree to comply with the ordinances of the City Of Bay City.

Signature	Date
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