

CITY OF BRIDGMAN

9765 Maple Street, Bridgman, MI 49106 Phone:
269-465-5144, Fax: 269-465-3701

DEMOLITION PERMIT APPLICATION

Permit No. _____ Parcel ID _____ Date _____

Property Owner _____ Phone _____

Address of Demolition Activity _____

Type of Structure: Wood Frame Masonry Steel

Attachments to existing structure? Yes No

Approx. Size of Structure _____ Structure: House Barn Shed
Other _____

Type of Demolition: Fire Department Controlled Burn Mechanical Demolition
Relocation to new site

Contractor or Fire Department: Name _____
Address _____
Phone _____
Email _____

Liability Insurance Carrier _____ Federal ID # _____

Any known buried tanks or chemical containers? Yes No
If yes, please explain. _____

*CONTRACTOR IS RESPONSIBLE FOR CONTACTING ALL UTILITY COMPANIES FOR
TERMINATION OF SERVICES.

*The applicant is responsible for removing any and all hazardous chemicals, fuels and other like
substances which may pose hazard to the public during the process of demolition. The
applicant is responsible that all proper disposal measures have been taken in accordance with
Local, State and Federal regulations regarding such substances.

Submitted by _____
Contractor/Owner

Permit Issued by _____ Date _____

PERMIT GOOD FOR 30 DAYS. CALL CITY HALL 48 HOURS PRIOR TO BEGINNING WORK.

Notes _____

