



Mecosta County Building Department
14485 Northland Drive
Big Rapids, MI 48307
Phone: 231-592-0105
Fax: 231-592-0176
Website: www.co.mecosta.mi.us

DEMOLITION APPLICATION / AFFIDAVIT

Date: _____
Name of Owner: _____
Owner Phone Number: _____
Type of Structure being Demolished: _____
Tax ID or Property#: _____
Address of Property: _____

Name of Contractor: _____
Contractor Phone Number(s): _____
Contractor Address: _____

Please read carefully, then sign and date below.

Affidavit:

1. The proposed demolition is authorized by the owner stated above.
2. A release has been obtained from all utilities connected to the structure at the above property address.
3. All equipment such as meters and regulators have been removed or sealed and plugged in a safe manner and "MISS DIG" will be contacted before any excavation is undertaken.
4. Demolition Permit must be posted where visible to all passers-by.
5. I will comply with the Health Department's requirements to: a) have any on-site potable water well(s) properly abandoned by a licensed well drilling contractor and b) submit a "water well abandonment log" to the Health Department.
6. The premises shall be maintained free from all unsafe and/or hazardous conditions by the proper regulation of the lot, restoration of established grades and the erection of the necessary retaining walls and fences in accordance with the provisions of the State Construction Code.
7. No debris (construction materials) will be buried on the site. (Concrete & masonry are the only exceptions).

I understand that failure to do any of the above will VOID this Demolition Permit.

Signature of Owner or Agent: _____

Date: _____