

DISMANTLE / WRECKING PERMIT

In addition to your application, the following is also required:

- Three copies of a site plan (1/16 inch = 1 foot OR 1 inch = 20 feet scale) shall be submitted showing the following:
 - . Location of streets and alleys
 - . Dimensions of lot
 - . All existing buildings on premises, indicating those to be removed and those which will remain
 - . Distances between buildings to be removed and property lines
 - . Location of fences, barricades or bridges

- Utility releases shall be attached to this application

- When bridges form protection, two sets of plans showing construction of bridges shall be submitted

- Deed or other evidence of ownership may be required before a permit will be issued

Separate applications are required for separate premises

Note for dismantle of detached garages: Required rear-yard off-street parking must be maintained.

The following inspections are required for a Dismantle/Wrecking Permit:

- #212 Site barricaded prior to start of work
- #215 Open hole inspection all debris off site
- #222 Sewer cap inspection
- #251 Final inspection land restored



BUILDING & SAFETY DEPARTMENT

4500 Maple, Dearborn, MI 48126

313/943-2150

DISMANTLE / WRECKING PERMIT APPLICATION

LOCATION AND DESCRIPTION OF LOT:

Address _____

Lot No. _____ Subdivision _____

BUILDINGS TO BE DISMANTLED:

Number of buildings to be dismantled: _____

Buildings used as: _____

If dwelling, number of dwelling units: _____

Size of building: _____ feet **wide** x _____ feet **long** x _____ feet **high**

Size of building: _____ feet **wide** x _____ feet **long** x _____ feet **high**

Size of building: _____ feet **wide** x _____ feet **long** x _____ feet **high**

Volume of each building (Cubic Area): _____

Buildings constructed of: _____

If detached garage, how will required parking be maintained: _____

PROTECTION (separate permit required):

Where is the required protection to be? _____

State kind (fence, barricade, bridge, ...) and location (distance from the building) of the protection:

Are fans required? _____ If so, at which stories will they be placed? _____

CONTRACTOR:

Contractor: _____

Address: _____

Phone Number: _____

Dearborn Registration No. _____

PROPERTY OWNER INFORMATION/AFFIDAVIT:

I do hereby certify that I am the owner of the property herein described and that I have given the applicant herein named permission to perform the work described in this application:

Name of Property Owner _____

Address _____

Phone Number _____

Driver's License or State Identification Number _____

Date of Birth ____/____/____

Signature of Property Owner _____

APPLICANT INFORMATION/AFFIDAVIT:

Application is hereby made for a permit to perform work as described in this application and the accompanying drawings, which are a part of this application. The acceptance of the permit shall constitute an agreement to abide by all codes and ordinances enforced by the City of Dearborn.

Name _____

Address _____

Phone Number _____

Driver's License or State Identification Number _____

Date of Birth ____/____/____

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, Wayne County, Michigan

My commission expires _____

FOR OFFICE USE ONLY

- Application complete
- 3 Copies of Drawings submitted
- Utility Releases attached

Staff Initials _____

Permit Number _____

Date Submitted _____

Plan Reviewer _____

Date Approved _____

Cubic Area _____

Permit Fee \$ _____

Penalty Fee \$ _____

Plan Examination Fee \$ _____

PAY THIS AMOUNT \$ _____