

RAZING

APPLICATION FOR ZONING COMPLIANCE PERMIT

City of New Baltimore
36535 Green Street
New Baltimore, MI 48047
(586) 725-2151 Fax (586) 725-6927

Date: _____

ADDRESS of structure to be removed _____

Description of building: _____

COMPLETE ATTACHED SHEETS REGARDING UTILITY TERMINATION & WATER/SEWER DISCONNECT

Legal description of property: Lot #: _____ Subdivision _____

Owner name: _____

Owner address: _____

Owner City, State, Zip _____ Phone # (____) _____

Applicant name: _____

Applicant address: _____

Applicant City, State, Zip _____ Phone # (____) _____

Applicant signature _____

Legal Owner's signature _____

All work must be completed in accordance with the State of Michigan Building Code and all applicable City Ordinances

Complete for Builder/Contractor:

Name on Builder's License: _____

Builder's License #: _____ Expiration date: _____

Driver's License #: _____ State _____ Date of Birth _____

ATTACH SEPARATE SHEET(S) FOR DRAWINGS AND/OR PLOT PLAN

For Office Use Only

Permit # PB- _____ Approved by: _____

Issue Date: _____ Building Inspector

Permit Fee: _____

Deposit Amount: _____

Total Due: _____

Date Received

CONFIRMATION OF UTILITY TERMINATION

The applicant must provide confirmation that all utilities have been disconnected.

City of New Baltimore

Water Department 725-7300

Water Meter Removed Date _____ By _____

Department of Public Service 725-9511

Water Disconnected Date _____ By _____

Sewer Disconnected Date _____ By _____

DTE Energy 800-477-4747

Electric Meter Removed Date _____ By _____

Electric Service Disconnected Date _____ By _____

SEMCO Energy 800-624-2019

Gas Meter Removed Date _____ By _____

Gas Service Disconnected Date _____ By _____

Comcast 888-COMCAST

Cable Service Disconnected Date _____ By _____

Ameritech 800-244-4444

Telephone Service Disconnected Date _____ By _____

RAZING OF THE STRUCTURE CANNOT BEGIN UNTIL ALL UTILITES ARE DISCONNECTED

WATER AND SEWER DISCONNECT ORDER

Disconnect Location _____

Owner name: _____

Owner address: _____

Owner City, State, Zip _____ Phone # () _____

Disconnect Inspection Fee \$500.00

Date Paid: _____

Razing Permit#: _____

Note: The minimum inspection payment required is \$500.00. If the DPS performs the disconnections, additional charges will be incurred at a rate of time and materials, plus 20%.
The amount billed will be billed to the applicant.
The bond associated with the razing permit may be used to pay incurred expenses.

For Office Use Only

Man Hours:

of Hours _____ Cost Per Hour _____ Total _____

Equipment:

of Hours _____ Cost Per Hour _____ Total _____

Total Time & Materials _____

+ 20 % _____

Total Due