

**City of Zeeland**  
**Demolition Permit Procedure**

- A. Application to Planning Commission for approval (if necessary)
- B. Applicant submits application for Demolition Permit
- C. Applicant to prepare site – PRE-DEMOLITION SITE INSPECTION WILL NOT BE SCHEDULED until the following items are completed and required approvals/certifications submitted:
  - 1. Utilities MUST be disconnected.
    - a. Electric      Requires written notification from BPW
    - b. Gas            Requires written notification from Gas Company
    - c. Water        Requires written notification from BPW
    - d. Telephone
    - e. Cable
  - 2. Adjacent owners/residents must be notified of intent and date of demolition
    - a. Applicant must return a copy of WRITTEN notification to adjacent property owners with signatures from all adjacent property owners/residents.
  - 3. Adjacent properties are to be protected and demo site secured as determined by city staff.
  - 4. Fencing and barricading as required must be in place.
  - 5. A copy of contractor’s liability insurance must be submitted.
  - 6. Environmental Health Services of Ottawa County Health Department must be contacted at (616) 393-5645 for determination if there is an abandoned well on the property that needs to be properly plugged/capped. (OCHD must provide written comment as to wells.)
  - 7. Provide certification of mitigation of hazardous materials: liquid/solid/asbestos/lead contamination – removal or containment etc.
- D. If all of the proper paperwork has been submitted and the property is secure the applicant must schedule an inspection for the day of demolition. At that time the inspector will visit the site to verify proper site preparation, and if everything is in place the permit may be issued on site at that time.
- E. Applicant must contact the City Wastewater Department (616-772-0870) to schedule an inspection of any sewer capping that is to take place after demolition but prior to back-filling.
- F. Following demolition all building rubble must be removed, the site must be backfilled with appropriate soil, properly graded with top soil and seeded with grass.

As the responsible person for the project I will provide for the above items A – F, take financial responsibility for damages to adjacent public and private property, and request a final inspection upon project completion. I also understand that all items (Except E and F) must be completed before inspection and issuance of a demolition permit will occur.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

NOTIFICATION OF DEMOLITION  
CITY OF ZEELAND BUILDING AND ZONING DEPARTMENT  
(616) 772-0872

Date: \_\_\_\_\_

To:

City Manager  
CIS Director  
Wastewater Department  
Zeeland Board of Public Works  
Zeeland Police Department

This is notification that the company/person below has applied for a building permit for the demolition of the following property:

Address: \_\_\_\_\_

Type of building: \_\_\_\_\_

Approximate date of demolition (pending approval/inspection availability): \_\_\_\_\_

\_\_\_\_\_  
Applicant name  
\_\_\_\_\_  
Company name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number

If your office has certain concerns or requirements for this demolition, please contact the applicant directly and forward a copy to this office.

Please indicate your approval or otherwise:

\_\_\_\_\_ Demolition approved

\_\_\_\_\_ Demolition not to be approved for the following:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name

Date

www.ci.zeeland.mi.us  
**DEMOLITION PERMIT APPLICATION**  
**CITY OF ZEELAND**  
**21 SOUTH ELM ST. ZEELAND, MI 49464**  
**616-772-0872 - FAX 616-772-0880**

THE CITY OF ZEELAND WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

**AUTHORITY: P.A. 230 OF 1972 AS AMENDED**  
**COMPLETION: MANDATORY TO OBTAIN PERMIT**  
**PENALTY: PERMIT CANNOT BE ISSUED**

**I. PROJECT INFORMATION**

|              |              |
|--------------|--------------|
| PROJECT NAME | PROJECT COST |
| CITY         |              |
| BETWEEN      |              |

**II. IDENTIFICATION**

**A. OWNERS OR LESSEE**

|      |         |
|------|---------|
| NAME |         |
| CITY | ADDRESS |

**B. ARCHITECT OR ENGINEER**

|                |       |         |            |
|----------------|-------|---------|------------|
| NAME           |       | ADDRESS |            |
| CITY           | STATE | ZIP     | TELEPHONE  |
|                |       |         | FAX        |
| LICENSE NUMBER |       |         | EXPIRATION |

**C. CONTRACTOR**

|  |       |     |            |
|--|-------|-----|------------|
| NAME   |       |     |            |
| CITY   | STATE | ZIP | TELEPHONE  |
|  |       |     | FAX        |
| BUILDERS LICENSE NUMBER                                |       |     | EXPIRATION |
| FEDERAL EMPLOYER NUMBER OR REASON FOR EXEMPTION        |       |     |            |
| WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION |       |     |            |
| MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION           |       |     |            |

**III. TYPE OF IMPROVEMENT AND PLAN REVIEW**

**A. TYPE OF IMPROVEMENT**

1.  NEW BUILDING    3.  ALTERATION    5.  MOBILE HOME SET-UP    7.  FOUNDATION ONLY    9.  RELOCATION  
2.  ADDITION    4.  REPAIR    6.  DEMOLITION    8.  PREMANUFACTURED    10.  SPECIAL INSP

**B. REVIEW(S) TO BE PERFORMED (please circle)**

BUILDING     ELECTRICAL     MECHANICAL     PLUMBING     FOUNDATION

**IV. PROPOSED USE OF BUILDING****A. RESIDENTIAL**

- |  |   |   |
|--|---|---|
| 1. <input type="checkbox"/> ONE FAMILY                               | 3. <input type="checkbox"/> HOTEL-MOTEL<br>NO. OF UNITS _____ | 5. <input type="checkbox"/> DETACHED GARAGE |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY<br>NO. OF UNITS _____ | 4. <input type="checkbox"/> ATTACHED GARAGE                   | 6. <input type="checkbox"/> OTHER           |

**B. NON-RESIDENTIAL**

- |  |   |   |
|--|---|---|
| 7. <input type="checkbox"/> AMUSEMENT        | 11. <input type="checkbox"/> SERVICE STATION            | 15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL |
| 8. <input type="checkbox"/> CHURCH, RELIGION | 12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL    | 16. <input type="checkbox"/> STORE, MERCANTILE            |
| 9. <input type="checkbox"/> INDUSTRIAL       | 13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 17. <input type="checkbox"/> TANKS, TOWERS                |
| 10. <input type="checkbox"/> PARKING GARAGE  | 14. <input type="checkbox"/> PUBLIC UTILITY             | 18. <input type="checkbox"/> OTHER                        |

NON-RESIDENTIAL: DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLAN; IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

**V. SELECTED CHARACTERISTICS OF BUILDING****A. PRINCIPAL TYPE OF FRAME**

- |   |  |  |   |                                   |
|---|--|--|---|-----------------------------------|
| 1. <input type="checkbox"/> MASONRY, WALL BEARING | 2. <input type="checkbox"/> WOOD FRAME | 3. <input type="checkbox"/> STRUCTURAL STEEL | 4. <input type="checkbox"/> REINFORCED CONCRETE | 5. <input type="checkbox"/> OTHER |
|---|--|--|---|-----------------------------------|

**B. PRINCIPAL TYPE OF HEATING FUEL**

- |                                 |                                 |   |                                  |                                   |
|---------------------------------|---------------------------------|---|----------------------------------|-----------------------------------|
| 1. <input type="checkbox"/> GAS | 2. <input type="checkbox"/> OIL | 3. <input type="checkbox"/> ELECTRICITY | 4. <input type="checkbox"/> COAL | 5. <input type="checkbox"/> OTHER |
|---------------------------------|---------------------------------|---|----------------------------------|-----------------------------------|

**C. TYPE OF SEWAGE DISPOSAL**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY | 2. <input type="checkbox"/> SEPTIC SYSTEM |
|---|---|

**D. TYPE OF WATER SUPPLY**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY | 2. <input type="checkbox"/> PRIVATE WELL OR CISTERN |
|---|---|

**E. TYPE OF MECHANICAL**

- |   |   |
|---|---|
| 1. WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO | 2. WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|

**F. DIMENSIONS/DATA**

|   | EXISTING | ALTERATIONS | NEW |
|---|----------|-------------|-----|
| 1. NUMBER OF STORIES _____                    |          |             |     |
| 2. USE GROUP _____                            |          |             |     |
| 3. CONST. TYPE _____                          |          |             |     |
| 4. NO. OF OCCUPANTS _____                     |          |             |     |
| 5. FLOOR AREA:                                |          |             |     |
| BASEMENT _____                                |          |             |     |
| 1 <sup>ST</sup> & 2 <sup>ND</sup> FLOOR _____ |          |             |     |
| 3 <sup>RD</sup> -10 <sup>TH</sup> FLOOR _____ |          |             |     |
| 11 <sup>TH</sup> -ABOVE _____                 |          |             |     |
| TOTAL AREA _____                              |          |             |     |

**G. NUMBER OF OFF-STREET PARKING SPACES**

- |                   |                   |
|-------------------|-------------------|
| 1. ENCLOSED _____ | 2. OUTDOORS _____ |
|-------------------|-------------------|

**VI. APPLICANT INFORMATION**

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

|         |               |       |          |
|---------|---------------|-------|----------|
| NAME    | TELEPHONE NO. |       |          |
| ADDRESS | CITY          | STATE | ZIP CODE |

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT \_\_\_\_\_

|   |                              |
|---|------------------------------|
| PLAN REVIEW FEE ENCLOSED \$ _____       | OR CITY ACCOUNT NUMBER _____ |
| DEMOLITION PERMIT FEE ENCLOSED \$ _____ | OR CITY ACCOUNT NUMBER _____ |

**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

ENVIRONMENTAL CONTROL APPROVALS

|                       | REQUIRED?  | APPROVED | DATE | NUMBER | BY |
|-----------------------|--|----------|------|--------|----|
| A - ZONING            | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |      |        |    |
| B - FIRE DISTRICT     | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |      |        |    |
| C - POLLUTION CONTROL | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |      |        |    |
| D - NOISE CONTROL     | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |      |        |    |
| E - SOIL EROSION      | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |      |        |    |
| F - FLOOD ZONE        | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |      |        |    |
| G - WATER SUPPLY      | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |      |        |    |
| H - SEPTIC SYSTEM     | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |      |        |    |
| I - VARIANCE GRANTED  | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |      |        |    |
| J - OTHER             | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |      |        |    |

**VII. VALIDATION-FOR DEPARTMENT USE ONLY**

|                            |                          |
|----------------------------|--------------------------|
| USE GROUP _____            | BASE FEE _____           |
| TYPE OF CONSTRUCTION _____ | NO. OF INSPECTIONS _____ |
| SQUARE FEET _____          |                          |

APPROVAL SIGNATURE \_\_\_\_\_

|             |            |
|-------------|------------|
| TITLE _____ | DATE _____ |
|-------------|------------|

**CITY OF ZEELAND  
BUILDING DEPARTMENT  
21 SOUTH ELM ST.  
ZEELAND, MI 49464**

**Requirements for Obtaining Demolition Permits**

- Application for Demolition Permit
- Submit completed Demolition Permit Procedure form and memo

| Cost of Demolition | Permit Fee   |
|--------------------|--|
| \$0-\$1,000        | \$20.00  |
| \$1,001-\$25,000   | \$20.00 + \$3.00 for each additional \$1,000 over \$1,000    |
| \$25,001-\$100,000 | \$92.00 + \$2.00 for each additional \$1,000 over \$25,000   |
| \$100,000->>>>>>   | \$242.00 + \$1.50 for each additional \$1,000 over \$100,000 |

If the demolition permit application is submitted without payment, the application will be placed on hold. Upon receipt of the payment the demolition permit will be processed.

Complete all applicable sections of the application.