

**DEMOLITION PERMIT APPLICATION**

**FEE: \$50.00 + separate \$1,000.00 escrow/performance fee**

EUREKA CHARTER TOWNSHIP  
9322 SW GREENVILLE RD.  
GREENVILLE, MI 48838  
OFFICE: 616-754-5053 FAX 616-754-4760

**1. Application Information: Contractor / Property Owner (Circle One)**

Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*(If different than property for demolition)*

**2. Property Location: Parcel # 59-008 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_**

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

Phone: \_\_\_\_\_

**3. Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Verified Proof of Ownership (Deed)**

**4. Structure to be demolished? \_\_\_\_\_**

**5. Is this a total demolition? YES [ ] NO [ ]**

**6. Will rebuild on property? YES [ ] NO [ ]**

**IF YES, AND YOU PLAN TO REBUILD, YOU MUST CONTACT THE ZONING ADMINISTRATOR**

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**Affidavit:**

I certify that I am the property/building owner or the owner's authorized agent and that I agree to comply with the regulations in Eureka Charter Township's Demolition Ordinance #88. I understand that all demolition and cleanup work shall be fully completed within 30 days of the date that demolition work starts. I have contacted the Zoning Administrator regarding rebuilding on this property. I also verify that this application is accurate and complete.

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

<b>For Office Use Only:</b>	
Demolition Permit Fee: <b>\$50.00</b>	_____
Escrow/Performance Fee: <b>\$1,000.00 (SEPARATE CHECK)</b>	_____
Date Received: _____	Permit #: _____
Signature of Zoning Administrator: _____	