

SHERIDAN TOWNSHIP

13355 29 Mile Road

Albion Michigan

Telephone (517) 629-2604

Fax (517) 629-8945

APPLICATION FOR DEMO PERMIT RESIDENTIAL

Payment must be made when Application is turned in.

Date: _____

Permit Number: _____

Email permit to: _____

Application For: _____ Zoning: _____ Conditional Use Permit

Name: _____ Address: _____

City: _____ State: _____ Zip Code _____ Telephone Number: _____

Property Tax ID # _____ Total Size of Parcel: _____

Location of Property: _____

Action Requested: _____

TYPE OF IMPROVEMENT

_____ Demo
_____ New Building _____ Alteration _____ Wrecking _____ Foundation Only _____ Relocation
_____ Addition _____ Repair _____ Mobile Home Setup _____ Per-Manufacturer

REVIEW(S) TO BE PERFORMED

_____ Building _____ Plumbing _____ Mechanical _____ Electrical _____ Energy

Notice: By requesting this conditional use the Undersigned agrees to pay all costs expended by the Township for the consideration of same including Board fees, publications notice costs, expert fees including but not limited to the Township Planner, Engineer and Township Attorney and the other necessary Experts. The Owner dose expressly grant to the Township for the enforcement of the Zoning Administrator, the power and authority to enter upon the premises at any reasonable time for the purpose of inspection and enforcement of the terms this ordinance or the terms of the conditional use permit.

An accurate survey drawing to scale of said property, must be presented with application showing the existing and proposed location of all buildings and structures along with the set backs.

**I hereby certify that all information supplied on this form is true to the best of my knowledge and belief.
THIS APPLICATION MYS BE SIGNED BY THE PROPERY OWNER.**

Signature of Owner: _____ Date: _____

Remarks: _____

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BUILDING FEE SCHEDULE

Schedule A

APPLICATION FEE	Demo	\$10.00
2 inspection required		\$80.00

It is the obligation of the party to whom the permit was issued to obtain all inspections for the job, failure to obtain an inspection for the work will impose an additional \$100.00 late fee and notification to the State Construction Agency of any professionally licensed contractor who failed to request the required inspections for the job.

When ready for an inspection call the Zoning Inspector to set up a time to fit Your schedule and There Schedule. Provide as much advance notice as possible.

YOU MUST PROVIDE THE ADDRESS AND PERMIT NUMBER WHEN YOU CALL.

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work.

A PERMIT WILL BE CANCELED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITH SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELED PERMITS CANNOT BE REFUNDED OR REINSTATED.

ALL FEE'S ARE PAYABLE TO THE TOWNSHIP TREASURER AT TIME APPLICATION IS FILED.

EFFECTIVE: November 24, 2018