



PLAINFIELD CHARTER TOWNSHIP
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING, ZONING & BUILDING SERVICES

6161 BELMONT AVENUE N.E. • BELMONT, MI 49306 • PHONE 616-364-1190 • FAX: 616-364-1170

DEMOLITION PERMIT APPLICATION INSTRUCTIONS:

Please use this checklist to ensure your application is complete. Incomplete applications WILL NOT be processed. If you have any questions while filling out this application, please contact the Community Development Department at (616) 726-8899.

FORMS

- Complete the Application for Construction Permit
- Complete the Demolition Permit Utility/Service Disconnect Verification form
- Complete the Demolition Permit Requirements for Public Water and/or Sewer form
- Complete the Performance Bond Reimbursement form

FEES

- Application fee is \$100 and the performance bond is \$200.
- Please be aware that additional fees may be required for disconnection of public water and/or sewer.

Plainfield Charter Township

6161 Belmont Ave. NE, Belmont, MI 49306 • (616) 364-1190 Phone • (616) 364-1170 Fax • www.plainfieldchartertp.org

APPLICATION FOR RESIDENTIAL CONSTRUCTION

INCOMPLETE APPLICATIONS WILL BE RETURNED AND NOT PROCESSED

Job Location Information :

Date of Application: / /

Name of Property Owner:	City:	Zip Code:	Plainfield Township, Kent County, MI
Job Address:	Property Owner Phone Number	Property Owner e-mail address	
Plat Name (if applicable)	Lot Number (if applicable)		

Contractor Information:

Who is doing the work? <input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor If you are a contractor, please fill out the following information:			
Contractor Name:		Phone Number: Office: Cell:	e-mail address:
Contractor Address:		City:	State: Zip Code:
State License #:	Exp. Date	Federal ID #	MESC Employer #
		OR <input type="checkbox"/> self employed	OR <input type="checkbox"/> self employed
Workers Compensation Insurance Carrier		OR <input type="checkbox"/> self employed	

Architect/Engineer Information:

Name:	Phone Number:	e-mail address:	
Address:	City	State	Zip

Type of Construction:

State Code Year : 2009 MRC

<input type="checkbox"/> new single family home	<input type="checkbox"/> deck	<input type="checkbox"/> three season porch	<input type="checkbox"/> demolition
<input type="checkbox"/> new condominium	<input type="checkbox"/> addition	<input type="checkbox"/> siding	<input type="checkbox"/> swimming pool
<input type="checkbox"/> accessory building	<input type="checkbox"/> remodel	<input type="checkbox"/> fire damage repair	<input type="checkbox"/> other: _____

Please describe the proposed construction: _____

Total Square Footage of New Construction _____ 1 st Floor _____ 2 nd Floor _____ Basement (finished) _____ Basement (unfinished) _____ Deck _____ Garage _____ attached? <input type="checkbox"/> yes <input type="checkbox"/> no	Valuation of Project \$ _____ * *Final value is subject to approval by the building official
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This application must be accompanied by construction drawings and a site plan for the above project. This application will not be reviewed unless complete. Once permit has been issued, contact the Community Development department to schedule required inspections. Fees are based on a \$40.00 base fee, plus \$6.00 per thousand dollars of value of the project.

(PLEASE PRINT) I, _____ HEREBY SUBMIT THIS APPLICATION IN ACCORDANCE WITH THE PLAINFIELD CHARTER TOWNSHIP ZONING ORDINANCE AND MICHIGAN BUILDING 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 SUBMIT THE APPLICATION AS THE AUTHORIZED AGENT AND 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.

X _____
SIGNATURE OF APPLICANT

BY SIGNING THIS BUILDING PERMIT APPLICATION, I HEREBY AUTHORIZE STATE, COUNTY AND TOWNSHIP OFFICIALS, EMPLOYEES AND AGENTS INCLUDING BUT NOT LIMITED TO THE BUILDING OFFICIAL, BUILDING INSPECTORS, ASSESSOR, DEPUTY ASSESSORS, ENGINEERS, AND ZONING ADMINISTRATOR TO ENTER ONTO THE PROPERTY FOR PURPOSES OF INSPECTING THE PROPERTY. SAID EXPRESS AUTHORIZATION SHALL CONTINUE UNTIL A CERTIFICATE OF USE AND OCCUPANCY IS GRANTED UNLESS REVOKED IN WRITING PRIOR TO THAT TIME.

SECTION 23A OF THE STATE CONSTRUCTION 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 SUBJECT TO CIVIL FINES.

Note: Separate applications for electrical and mechanical permits may be required and can be obtained through the township's website at www.plainfieldchartertp.org, or at the township office. Plumbing permits (if required) can be obtained through the State of Michigan.



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DEMOLITION PERMIT – UTILITY / SERVICE DISCONNECT VERIFICATION FORM

Please provide documentation and/or signatures from each of the following departments/agencies to verify that utilities and other services have been disconnected and the property is now safe for demolition.

This form must be submitted as part of your application for demolition packet. The community development department **WILL NOT ISSUE A PERMIT** without this form being **COMPLETELY** filled out with accompanying documentation.

Job Address:	State:	Zip:
Property Owner Name:		
<u>Electric Disconnect:</u> Consumers Energy North Kent Service Center 679 S. State St Sparta, MI 49345 (616) 606-6117	Type of Documentation Needed: Fax from Consumers stating that a disconnect has taken place	
<u>Gas Disconnect:</u> DTE 4420 44 th St. SE, Suite B Grand Rapids, MI 49512 (616) 954-4575	Type of Documentation Needed: Fax from DTE stating that a disconnect has taken place	
<u>Water Disconnect Fees:</u> Plainfield Township 6161 Belmont Ave. Belmont, MI 49306 (616) 726-8885	<u>Disconnect Inspection:</u> Plainfield Twp Water Service Center 5195 Plainfield Ave. NE Grand Rapids, MI 49525 (616) 363-9660	OR
<u>Documentation Needed:</u> Receipt of Disconnect Fees Paid, staff signature Signature: _____ Date: _____ Date of Water Disconnect Inspection: _____		<u>Well:</u> Kent County Health Department 700 Fuller Avenue NE Grand Rapids, MI 49503 (616) 632-6906 <u>Documentation Needed:</u> Well Abandonment Record
<u>Sewer Disconnect:</u> Plainfield Township 6161 Belmont Ave. Belmont, MI 49306 (616) 726-8885	<u>Disconnect Inspection:</u> North Kent Sewer Authority 4775 Coit Ave. NE Grand Rapids, MI 49525 (616) 363-0702	OR
<u>Documentation Needed:</u> Receipt of Disconnect Fees Paid, staff signature Signature: _____ Date: _____ Date of Sewer Disconnect Inspection: _____		<u>Septic:</u> Kent County Health Department 700 Fuller Avenue NE Grand Rapids, MI 49503 (616) 632-6906 <u>Documentation Needed:</u> Verification of septic pump and crush

**PLAINFIELD CHARTER TOWNSHIP DEPT OF PUBLIC SERVICES
DEMOLITION PERMIT REQUIREMENTS**

You must adequately fill out the demolition permit requirements. Below is a list of specific requirements depending on the future development water, sewer and septic service needs. These requirements must be met prior to a "Demolition Permit" issued from the Community Development Department. If you have any questions, please contact the water department at 616-363-9660.

EXISTING WATER SERVICE WILL BE UTILIZED:

1. Prior to demolition the property owner/agent is responsible for removing the water service to the curb stop. An inspection (minimum 24 hour notice) of exposed service by the Water Department personnel is required. During this inspection the water department personnel will obtain a final meter reading and remove the water meter.
2. The water service will be disconnected from the main service and capped. If the property owner/agent prefers, the water department personnel can perform the service disconnect for a \$100 fee. Please contact the water department for details and scheduling.
3. It is the responsibility of the property owner/agent to maintain and protect this service during construction at the site.

WATER SERVICE ELIMINATION:

1. Prior to demolition the existing water service must be disconnected at the main. This service is to be performed by the Township's Water Department personnel. The property owner/agent will be charged for this service at the Water Departments current rate of time and material.
2. The property owner/agent must schedule an appointment (minimum of a one week notice) with the water department to obtain a final reading and pull the water meter.

NEW WATER SERVICE IS REQUIRED:

1. The property owner/agent is responsible for contacting the Township's Utility Billing Department to pay all fees and charges for a new water service connection and meter.
2. This service is to be performed by the Township's Water Department personnel. The property owner/agent will be charged for this service at the Water Departments current rate of time and material.

OPEN WELL ON THE PROPERTY:

1. All wells must be properly abandoned and recorded with the Kent County Health Department. The property owner/agent must obtain an Abandoned Water Well and Pump Record, issued by the Kent County Health Department and must provide a copy to the Township before a demolition permit is approved and issued from the Community Development Department.
2. If the well is properly maintained and is in good condition, it may be utilized for irrigation purposes only. It is the responsibility of the property owner to maintain and protect this well during any construction at the site.

ABANDONED WELL ON THE PROPERTY:

1. The property owner must attach a copy of the Kent County Health Abandoned Water Well and Pump Record.

EXISTING SEWER CONNECTION WILL BE UTILIZED:

1. Prior to demolition the property owner/agent is responsible for disconnecting the sewer lateral from the building and protecting it outside of the construction zone.
2. The end of the lateral must be capped and inspected by the PCT Dept. of Public Services or the Kent County Dept. of Public Works representative prior to backfilling. A wooden 2x2 must be buried vertically at the end of the lateral for locating it in the future.
3. It is the responsibility of the property owner/agent to maintain and protect this sewer lateral during construction at the site.

SEWER CONNECTION ELIMINATION:

1. If the sewer connection will be eliminated, the sewer lateral must be disconnected at the right-of way line.
2. The end of the lateral must be capped and inspected by the PCT Dept. of Public Services or the Kent County Dept. of Public Works prior to backfilling. A wooden 2x2 must be buried vertically at the end of the lateral.

SEPTIC SYSTEM ON THE PROPERTY:

1. If the septic system is being abandoned, the property owner must attach a copy of the Kent County Health Department record that it was properly closed.

4. IS THERE A PUBLIC SANITARY SEWER LATERAL TO THE PROPERTY?	YES	NO
<i>IF THE ANSWER IS NO, PROCEED TO QUESTION 6.</i>		
5. WILL THE EXISTING SEWER LATERAL BE UTILIZED FOR A PLANNED FUTURE USE?	YES	NO
<i>IF THE ANSWER IS NO, PROCEED TO QUESTION 6.</i>		
IF YES: WHEN IS RECONNECTION ANTICIPATED? _____		
IS THE EXISTING SEWER LATERAL SIZE ADEQUATE FOR THE PLANNED FUTURE USE?	YES	NO
6. IS THERE A SEPTIC SYSTEM ON THE PROPERTY?	YES	NO
IF YES: WILL THE SEPTIC SYSTEM BE UTILIZED FOR A PLANNED FUTURE USE?	YES	NO
<i>IF THE ANSWER IS NO, THE SEPTIC TANK MUST BE PROPERLY DEMOLISHED AND WITNESSED BY THE KENT COUNTY HEALTH DEPARTMENT. A COPY OF THE SEPTIC TANK CLOSURE REPORT MUST BE PROVIDED TO THE TOWNSHIP BEFORE A DEMOLITION PERMIT WILL BE APPROVED.</i>		
WHAT FUTURE USE WILL THE SEPTIC SYSTEM BE USED FOR? _____		

I hereby certify that I have read this application and its attachments and that all information contained herein is true. If any portion of this information, either intentionally or unintentionally, is false or is a misrepresentation of the material facts, the permit or process granted will be void. I further certify that if I am not the owner, I have proper authorization from the owner to act as representative on his/her behalf that I may be required to provide written documentation of such authorization to Plainfield Charter Township

SIGNATURE _____ DATE _____
 PRINT _____
 COMPANY _____ TITLE _____

PCT PUBLIC SERVICES REVIEWED DATE _____

WELL ABANDONMENT RECORD REQUIRED? YES NO

RECEIVED DATE _____

SEPTIC DEMOLITION RECORD REQUIRED? YES NO

RECEIVED DATE _____

PCT PUBLIC SERVICES REQUIREMENTS FULFILLED

BY _____ DATE _____



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PERFORMANCE BOND FOR DEMOLITION

DATE _____ PERMIT # _____ DEPOSIT _____

PAYEE NAME: _____

ADDRESS: _____

JOB LOCATION: _____

JOB DESCRIPTION: _____

Deposit will be returned to the payee listed above upon proper completion of the demolition.
This includes adding topsoil and grass seed to lot where demolition occurs.

**Deposit will be forfeited if the above is not completed prior to the expiration of the
demolition permit**

OFFICE USE ONLY

Permit number: _____

Date approved: _____

Date of refund: _____

Inspected By: _____

Date of Inspection: _____

Check number: _____

Notes: _____

Authorized Personnel: _____