1. The building application must be filled out completely, including the Zoning District. A plot plan drawing must accompany the application showing the structures to demolish, perimeter fencing type and location of the fencing for the demolition process, any bodies of water or sewer drains located on or near the demolition property, and the proposed access road to be used to gain access to the site.

2. The application must be submitted with disconnect notices from Detroit Edison, MichCon (DTE) and the Water Services Division of Canton Public Works. Attached to the application is a “Request to Disconnect Water Service.” This form will need to be filled out by the applicant and submitted at Canton’s DPW building located at 4847 South Sheldon Road. For questions regarding water service disconnects please call Canton Public Works at 734-397-1011.

3. If there is a well or septic on the property, contact the Wayne County Health Department at 734/727-7400 for the proper procedures for abandoning a well or septic. See attached GDSA for further clarification. The demolition permit will not be release until the applicant provides written verification from Wayne County that their requirements have been followed for well and septic.

If there is a Canton Township water connection to the building, you must fill out the “Request to Disconnect Water Service” form, which is attached to this application. Once this form is submitted, you must call Canton’s Water Billing Division at 734/394-5240 to schedule an appointment to have you meter equipment removed. The permit will not be approved until all equipment is recovered and your account is paid in full.

4. Inspections will need to be conducted on the demolition site. To arrange these inspections, call the Building Department at 734/394-5200 one day in advance.

   • A plumbing inspection, to make sure the sewer has been properly capped.

   • Two building inspections are required. An open hole inspection and a final inspection to make sure the site has been cleaned and leveled.

   • A Plumbing Inspection if the structure is connected to the Canton Township Sewer. It will be the responsibility of the demo contractor to cut and cap the sewer lead.

5. Please see the attached specification for further requirements.
Request to Disconnect Water Service

Date of Request: ___________________________ Service Size: ___________________________

Service Address: ________________________________________________________________

Owner Name: __________________________________ Phone: _________________________

Demo Contractor: ___________________________ Contact: ___________________________

Contractor Email: __________________________________ Phone: _____________________

I request that Canton Township Public Works staff disconnect the water service at the above location in Canton Township. I fully understand that this request will be added to the current work schedule of Public Works and will be completed as workload allows. I understand that this service will not be reconnected if it is determined by Public Works to be undersized for any subsequent building reconstruction. I understand that upsizing the service to current required size will include an additional fee to be paid in full at the Canton Engineering Division, 734-394-5150.

I also understand that I will need to review and resolve any outstanding issues or balances with Canton’s Water Billing Department, 734-394-5240, prior to Canton’s Building Division issuing the Demolition Permit. I will also need to grant access to Public Work’s personnel to remove the meter and reading equipment at the above mentioned service address at the time of the disconnect.

I hereby certify that I have been authorized by the Owner of Record to make this request as his/her authorized agent.

Signature: __________________________________________ Date: ________________________

DPW USE ONLY:

Disconnection Type: Permanent [ ] Temporary [ ]

Disconnected @ Main [ ] Disconnect @ Stop Box [ ] Up-sized for Re-use [ ]

Equipment Recovered: Yes [ ] No [ ]

Public Works Sign Off: __________________________________________

Comments: _____________________________________________________________

PLEASE NOTE: This form is for Canton Township water connections ONLY. This form must be submitted to Canton’s DPW at 4847 South Sheldon Road.
Checklist for Renovation/Demolition Operations

RENOVATION PROJECTS

Your project may be regulated through the federal National Emissions Standards for Hazardous Air Pollutants (NESHAPs) and the following may apply:

- A thorough asbestos inspection may be required to be performed by an accredited asbestos inspector.
- Notification form submittal may be required.
- Asbestos abatement may be required.

DEMOLITION PROJECTS

Demolition projects involving commercial buildings and structures are regulated through the federal NESHAPs. Single family homes may be regulated if part of a public or private project. The definition of demolition in the NESHAPs regulations is as follows:

"The wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility."

- All commercial demolitions are regulated through the NESHAPs and a 10 working day notification is required.
- An asbestos inspection by an accredited asbestos inspector is required prior to demolition of commercial facilities.
- All regulated asbestos containing material must be removed prior to demolition of a regulated facility.

QUESTIONS?

Please contact Tammy Bell, Asbestos Inspector, Michigan Department of Environmental Quality for projects in Wayne County if you would like further information and/or forms.

Ph: 313-456-4686   Fax-313-456-4692
bellt4@michigan.gov
Building Permit Application

Business Name: ___________________________  *E-mail Address: ___________________________

I. IDENTIFICATION

1. Permit Applicant: ___________________________ Phone: ___________________________
   Mailing Address: ___________________________ City/State: ___________________________ Zip: __________
   E-mail Address: ___________________________

2. Property Owner: ___________________________ Phone: ___________________________
   Mailing Address: ___________________________ City/State: ___________________________ Zip: __________
   E-mail Address: ___________________________

3. Contractor: ___________________________ Phone: ___________________________
   Mailing Address: ___________________________ City/State: ___________________________ Zip: __________
   E-mail Address: ___________________________

4. Architect or Engineer: ___________________________ Phone: ___________________________
   Mailing Address: ___________________________ City/State: ___________________________ Zip: __________

II. LOCATION OF IMPROVEMENT

Address: ___________________________ Canton, MI Zip: __________
Main Cross Streets: ___________________________ And ___________________________
Subdivision/Complex: ___________________________ Lot/Bldg: __________ Lot Size: __________
Business Name: ___________________________ Suite: __________ Phone: __________
Zoning District: ___________________________ Property ID#: __________

III. TYPE AND COST OF IMPROVEMENT

A. Type of Improvement (please check)
   - New Construction [ ]  First Occupancy [ ]  Reoccupancy [ ]  Interior Finish [ ]
   - Addition/Alteration [ ]  Demolition [ ]  Repair/Replacement [ ]
   - Other [ ]

B. Cost
   - Total Cost of Building Improvements $ ___________________________
   - Total Cost of Site Improvements $ ___________________________
   - TOTAL PROJECT COSTS $ ___________________________
C. Use (please check)

- Single Family Residence
- Two Family Residence
- Multi Family Residence
- Other

D. Dimension

- Width
- Length
- Height
- Elevation
- Total Sq. Ft.
- No. of Stories
- Plan#

IV. NON-RESIDENTIAL CONSTRUCTION

- Occupant Load
- Principal Type of Construction
- Use Group
- Off Street Parking Spaces

DESCRIBE IN DETAIL the proposed use of the structure/building:

V. REQUIREMENTS

THERE MAY BE DEED RESTRICTIONS ON THIS PROPERTY NOT PERMITTING THIS PROJECT. PLEASE CHECK THE TITLE FOR ITS DEED RESTRICTIONS AND COVENANTS.

The location, ownership and detail must be correct, complete and legible. Separate applications are required for each project. Building plans, specifications, and a detailed plan must be filed with this application.

VI. VALIDATION

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 authorized agent and I agreed to conform to all applicable laws of this jurisdiction.

Applicant’s Signature

Date

Printed Name

VII. BUILDING SERVICES REVIEW

- HOA/ACC Attached
- Application Fee
- Estimated Cost
- Registration Fee
- Receipt #
- Plan Review Fee
- Master/Tag #
- Underground Inspection
- Permit #
- Permit Fee
- Water/Sewer #
- Total Permit Fee

Remarks

APPROVED FOR PERMIT:

Building Inspector Date

Building Official Date
Section 23a if 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 person who are to perform work on a residential building or a residential structure. Violators of Sections 23a are subjected to civil fines.

LICENSE NO. ___________________________ EXPIRATION DATE______________________________

FEDERAL EMPLOYER ID NO. OR REASON FOR EXEMPTION _______________________________

WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION _______________________

MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION ________________________________

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 authorized agent and I agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant  Date