

**DEMOLITION APPLICATION**  
 HOUGHTON LAKE BUILDING AGENCY  
 1250 SOUTH HARRISON RD, PO BOX 8  
 HOUGHTON LAKE MI 48629  
 989-422-3687

<b>A: LOCATION OF PROJECT</b>		
<b>ADDRESS:</b>	<b>CITY:</b>	<b>ZIP</b>
<b>TOWNSHIP:</b>	<b>PARCEL #</b>	
<b>B: HOMEOWNER INFORMATION</b>		
<b>NAME:</b>		
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>PHONE:</b>	<b>EMAIL:</b>	
<b>C: CONTRACTOR /APPLICANT</b>		
<b>NAME/BUSINESS NAME:</b>	<b>PHONE:</b>	
<b>ADDRESS:</b>	<b>EMAIL:</b>	
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>BUILDERS LICENSE#:</b>	<b>EXPERATION DATE:</b>	
<b>D: REQUEST TO DEMOLISH OR REMOVE</b>		
Mobile Home <input type="checkbox"/> Single Family Home <input type="checkbox"/> Accessory Structure <input type="checkbox"/>		
Commercial Building <input type="checkbox"/> Other <input type="checkbox"/> _____		
Size of Structure (provide dimensions) _____		
<b>E: UTILITY SHUT OFF</b>		
Prior to the issuance of a Demolition Permit, a notice of shut off shall be provided to the HLBA for all applicable utilities Please provide the dates of shut off below:		
Electric: _____      Gas: _____      Sewer: _____		
Health Dept. (well and septic): _____		
The undersigned affirms that he/she is the owner or authorized agent of the owner and that all answers on the application are true and correct. <b>SIGNATURE OF APPLICANT:</b>	<b>DATE:</b>	