

Leslie Township  
4279 Oak PO Box 577  
Leslie, MI 49251  
517-589-8201 / 517-589-0010 Fax

**DEMOLITION PERMIT APPLICATION**

Parcel # \_\_\_\_\_ Date \_\_\_\_\_

**Building Location:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Permit Applicant** (check one):     CONTRACTOR     OWNER

**Contractor Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

State License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Fed ID No: \_\_\_\_\_

MESC No: \_\_\_\_\_ Workers Comp Carrier: \_\_\_\_\_ Exemption: \_\_\_\_\_

Contractor must provide a copy of insurance information.

**Description of Demolition:** \_\_\_\_\_

**Reason for Demolition:** (check one)     Ordered Demolition     Unsafe Structure     To Be Replaced

Other: \_\_\_\_\_ Building Dimensions: \_\_\_\_\_ x \_\_\_\_\_

I, \_\_\_\_\_ have included all written confirmations required.

Applicant Name

Applicant's Signature

Print Name

Date

Date received: \_\_\_\_\_ Approved By: \_\_\_\_\_ Permit# \_\_\_\_\_ Fee: \_\_\_\_\_