

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 and license.

Description of Demolition: _____

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

_____ Other: _____ Building Dimensions: _____ x _____

I, _____ have included all required written confirmations.

Applicant Name

Applicant's Signature

Print Name

Date

Date received: _____ Approved By: _____ Permit# _____