



**DEMOLITION PERMIT PROCEDURE**  
**City of Zeeland**

**Community Development Department**  
21 S ELM ST- ZEELAND, MI 49464  
Phone 616-772-0872 - Fax 616-772-0880  
buildinginspection@cityofzeeland.com  
www.cityofzeeland.com

- A. Application to Planning Commission for approval (if necessary)
- B. Applicant submits application for Demolition Permit
- C. Applicant to prepare site – **PRE-DEMOLITION SITE INSPECTION WILL NOT BE SCHEDULED** until the following items are completed and required approvals/certifications submitted:
1. Utilities **MUST** be disconnected.
    - Electric - Requires written notification from BPW
    - Gas - Requires written notification from Gas Company
    - Water - Requires written notification from BPW
    - Telephone
    - Cable
  2. Adjacent owners/residents must be notified of intent and date of demolition
    - Applicant must return a copy of **WRITTEN** notification to adjacent property owners with signatures from all adjacent property owners/residents.
  3. Adjacent properties are to be protected and demo site secured as determined by City staff.
  4. Fencing and barricading as required must be in place.
  5. A copy of contractor's liability insurance must be submitted.
  6. Environmental Health Services of Ottawa County Health Department (OCHD) must be contacted at (616) 393-5643 for determination if there is an abandoned well on the property that needs to be properly plugged/capped. (OCHD must provide written comment as to wells.)
  7. Provide certification of mitigation of hazardous materials: liquid/solid/asbestos/lead contamination – removal or containment, etc.
- D. If all of the proper paperwork has been submitted and the property is secure, the applicant must schedule an inspection for the day of demolition. At that time the inspector will visit the site to verify proper site preparation, and if everything is in place the permit may be issued on site at that time.
- E. Applicant must contact the City Wastewater Department (616-772-0870) to schedule an inspection of any sewer capping that is to take place after demolition but prior to backfilling.
- F. Following demolition, all building rubble must be removed, the site must be backfilled with appropriate soil, properly graded with top soil and seeded with grass.

As the responsible person for the project, I will provide for the above items A – F, take financial responsibility for damages to adjacent public and private property, and request a final inspection upon project completion. I also understand that all items (Except E and F) must be completed before inspection and issuance of a demolition permit will occur.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



**NOTIFICATION OF DEMOLITION**  
**City of Zeeland**

**Community Development Department**  
21 S ELM ST- ZEELAND, MI 49464  
Phone 616-772-0872 - Fax 616-772-0880  
buildinginspector@cityofzeeland.com  
www.cityofzeeland.com

Date: \_\_\_\_\_

To: City Manager  
CIS Supervisor  
Clean Water Department

Zeeland Board of Public Works  
Zeeland Police Department

This is notification that the company/person below has applied for a building permit for the demolition of the following property:

Address: \_\_\_\_\_

Type of building: \_\_\_\_\_

Approximate date of demo (pending approval/inspection availability): \_\_\_\_\_

Applicant Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

If your office has certain concerns or requirements for this demolition, please contact the applicant directly and forward a copy to this office.

Please indicate your approval/disapproval/concerns:

☐ Demolition approved

☐ Demolition not to be approved due to the following:

---

---

---

Signature \_\_\_\_\_

Date \_\_\_\_\_



**BUILDING PERMIT APPLICATION**  
**City of Zeeland**

**Community Development Department**  
21 S ELM ST- ZEELAND, MI 49464  
Phone 616-772-0872 - Fax 616-772-0880  
buildinginspect@cityofzeeland.com  
www.cityofzeeland.com

Date : \_\_\_\_\_ Project : \_\_\_\_\_ Permit # : \_\_\_\_\_

**1. JOB LOCATION**

Job Address	Has a plan review been completed for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		
Name of Owner/Agent	Owner/Agent Phone		
Address	City	State	Zip
Email			

**2. CONTRACTOR/ OWNER INFORMATION**

<input type="radio"/> Contractor <input type="radio"/> Homeowner	Name	License No	
Address	City	State	Zip
Phone	Email		

**3. ARCHITECT OR ENGINEER**

Name [Company or Contact]	Phone		
Address	City	State	Zip
Email			

**4. TYPE OF PROJECT**

Class of work (check all that apply)				If this address is located in Shopping Area Redevelopment Board district, does this project require <b>SARB</b> approval? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other	
<b>Description of work</b>				

**5. PROJECT VALUE**

State the total value of the improvement including excavation, building, plumbing, electrical, mechanical, and architectural costs [subject to Building Official approval]	Job Value \$	Building Official Approval
--	-----------------	----------------------------

**NO WORK IS TO START PRIOR TO THE ISSUANCE OF THE BUILDING PERMIT**

- Separate permits are required for Electrical, Mechanical and Plumbing work
- Project started without a permit may be subject to investigation fees

**6. APPLICANT SIGNATURE**

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/HER AUTHORIZED AGENT, AND WE 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.	
<div style="border: 1px solid black; padding: 10px; margin: 10px 0;">Section 23a of 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 persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.</div>	
SIGNATURE OF APPLICANT _____	Date : _____

## 7. BUILDING PERMIT FEE SCHEDULE

Base Building Permit Fee: \$50.00

+ A \$5.00 additional Building Permit Fee for each \$1,000 in project value up to \$500,000 in project value

+ A \$4.00 additional Building Permit Fee for each \$1,000 in project value over \$500,000 in project value

Note: The project value is the total value of the improvement, including excavation, building, plumbing, electrical, mechanical, and architectural costs

**Commercial/ Industrial/ Public Facility Projects only:** + Plan Review Fee which is 65% of the total Building Permit Fee.

If the building permit application and plans are submitted without payment, the application will be placed on hold. Upon receipt of the payment, the building permit will be processed.

### **When to Call for an Inspection**

Call the inspector's telephone number listed on the building permit at least two (2) days prior to the time an inspection is needed. A minimum of three (3) inspections are required on most structures. It is the permit holder's responsibility to call for inspections, prior to any construction being covered/concealed.

### **Foundation Inspection**

An inspection is to be made before the placement of the footings. The building inspector may want to perform a wall, waterproofing, and drain tile inspection prior to backfill.

### **Rough Inspection**

The rough inspection is to be made after the roof, all framing, fire stopping, and bracing are in place, and the electrical, mechanical, and plumbing rough inspections are completed and approved and before the insulation is installed.

### **Final Inspection**

The final inspection is to be made upon completion of the building or structure and before occupancy occurs.