



BUILDING PERMIT APPLICATION

Tony Riegel, Building Official (269) 876-6151
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980 Miners Road, St. Joseph, MI 49085 (269) 429-2501

Demolition Permit Cost \$100.00

DATE: _____

PERMIT: _____

ALL INFORMATION MUST BE COMPLETE BEFORE A PERMIT WILL BE ISSUED

Job Address: _____ (City) _____ (State) _____ (Zip) _____

Property Owner: _____ Parcel # 11-17- _____

Owners Address: _____ Phone # _____

Name of Applicant: _____ Company Name: _____

Address: _____ (City) _____ (State) _____ (Zip) _____

Type of License: _____ Business Phone # _____

License # _____ Expiration Date: _____ Cell Phone # _____

Fed ID # _____ Workmen's Comp. Carrier: _____

M.E.S.C. _____ Reason for No Ins. _____

Describe Proposed Work: _____

Building Type: _____ Type of Construction: _____ Total Sq. Ft. _____

Start Work Date: _____ Finish Work Date: _____ Value of Work: _____

Permit Fee: _____ Plan Review Fee: _____ Sewer Benefit Fee: _____

Water Benefit Fee: _____ Total Fees _____ Cash _____ Check # _____

A Site and/or Floor Plan is Required for all Construction Projects.

Any Sewer and/or Water Assessment for new home/business construction must be paid prior to construction

Applicant Responsible to Secure All Necessary Permits and Schedule Required Inspections

Section 23a of the State Construction Code Act of 1972, Act 230 of the Public Act of 1972, being Section 124.1523a of the Michigan Compiled Laws 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 subject to criminal prosecution.

Signature: _____ Date: _____



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CERTIFICATE OF UTILITY DISCONNECT

CONTRACTOR : _____

PROPERTY ADDRESS : _____

PROPERTY NUMBER : 11-17- _____

The following signatures certify that those utilities, under their authority, were disconnected and the structure readied for demolition, the date specified.

MICHIGAN GAS UTILITIES:

By: _____ Date: _____

INDIANA MICHIGAN POWER (AEP):

By: _____ Date: _____

ROYALTON TOWNSHIP SEWER DEPARTMENT:

By: _____ Date: _____

BERRIEN COUNTY HEALTH DEPARTMENT (If applicable: Septic/Well):

By: _____ Date: _____

CITY OF ST. JOSEPH (WATER DEPARTMENT):

By: _____ Date: _____

This form must be completed and presented to Royalton Township prior to issuance of Demolition Permit.

_____ / _____
 OWNER SIGNATURE DATE