



GREEN LAKE TOWNSHIP DEMOLITION APPLICATION

GRAND TRAVERSE COUNTY CONSTRUCTION CODES PERMIT ALSO REQUIRED

OWNER OF PROPERTY:

NAME _____ PHONE _____

ADDRESS _____

APPLICANT:

NAME _____ PHONE _____

ADDRESS _____

Relationship of applicant to property: Owner of record Party to a sales agreement
 Party to a lease agreement Other _____

PROJECT ADDRESS _____ ZONING DISTRICT _____

Parcel Id Number _____ Present Use _____

Statement for Proposed Demolition _____

GENERAL CONTRACTOR _____ PHONE: _____

CONTRACTOR ADDRESS _____

CONTRACTOR EMAIL _____ LICENSE # _____

I hereby grant permission for members of the Green Lake Township Zoning Department, Planning Commission, Zoning Board of Appeals and Township Board of Trustees to enter the above-described parcel (or as described in the attached) for the purpose of gathering information related to this application / request / proposal.

Signature of OWNER

DATE

FOR OFFICE USE ONLY

File Number _____ Date Received _____
Fee (Non-refundable) _____ Accepted By _____