

**City of Gladstone
Request for Demolition Permit**

Applicant Information

Name: _____

Company Name (If Applicable): _____

Mailing Address: _____

Phone Number: _____

Property Information

Address: _____

Demolition Information

Type of Structure: _____

Date of Demolition: _____

Name of Contractor Responsible for Demolition: _____

Phone Number: _____

Disconnection of Utilities

Water Department: (906) 428-3460

Date Notified: _____ Name of Contact Person: _____

Wastewater Department: (906) 428-1757

Date Notified: _____ Name of Contact Person: _____

Electrical Department: (906) 428-1701

Date Notified: _____ Name of Contact Person: _____

Michcon/DTE: (800) 477-4747

Date Notified: _____ Name of Contact Person: _____

Applicant Signature: _____ **Date:** _____

**RETURN THIS FORM WITH THE DEMOLITION PERMIT APPLICATION
TO:
Gladstone Public Safety, 144 4th Avenue, NE, Gladstone, MI. 49837 (906) 428-4586.**