



2650 LaFranier Rd, Traverse City MI 49686
231-995-6044 codes@gtcountymi.gov
www.grandtraverse.org/codes

DEMOLITION SCHEDULE

All Information is Required:

Job Site Info:

Address _____
City _____
Township _____
Occupant _____

Owner Info:

Name _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Email address _____

Contractor Info:

Business Name (Name on License) _____
Mailing Address _____
City _____ State _____ Zip _____
Phone Number _____ Cell number _____ Email address _____

Date: _____ Signature: _____

Description of Job: _____

Type of Building

example: wood, masonry, shed, combination, commercial/ residential

Utility Disconnects:
Electrical
Gas/Propane
DPW
Septic/Well

Site Plan

Start Date
Completion Date

DEQ Permit/ for commercial
