Ogemaw County Application for Residential Demolition Building Permit

Contractor_

Applicant:

Owner_

806 W. Houghton Avenue, Room 107 West Branch, MI 48661 PHONE: (989) 345-3370 FAX: (989) 345-5919

> Rec'd By: Date:

NOTE: Separate applications Plumbing, Mechanical, Electr	Cash: Charge: Check							
Building Permit includes 3 inspections, additional inspections may be required								
1. PROJECT INFORMATION								
Property ID#	Address							
City	Twp.	Section #	Lot #	Private Road / County Road				
Driving Directions from West Branch			1		Subdivision Name (If Applicable)			
2. IDENTIFICATION								
A. Property Owner or Lessee (Cin	cle One)							
Name		Mailin	ig Address					
City	State Zip Co		Code Telepho		elephone #	phone #		
B. ARCHITECT OR ENGINEER (If Required)								
Name		Telephone #						
C. CONTRACTOR								
Name		Address						
City	State	Zip Code			Telephone #			
Builders License #	Expiration D			Registered in Ogemaw County? YES or NO				
Circle selection Demoli	tion (show on ba	ack)						
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.								
Section 23a of the state constructic circumvent the licensing requiren residential structure. Violators of	on code act of 1972 nents of this state r	2, 1972 relating	PA 230, MCI	. 125.152 ho are to	3A. prohibits a per	cson from conspiring to		
SIGNATURE: DATE:								
COST OF CONSTRUCTION								

Affidavit Attesting that the water well and waste disposal system are retained/removed and are in compliance with state and local law.

Instructions: This form must be filed with the Ogemaw County Building Department confirming the water well and waste disposal system are in compliance with state and local law prior to obtaining a demolition permit.

 Street Address of 	of Property						
3. Citv/Townshin/V	rillage Where Real Estate is Located	2. County					
		City Township Village					
4. Name of Property Owner(s) (Print or Type)		5. Property ID Number (from Tax Bill or Assessment Notice)					
	WAT	ER WELL					
Initial	A well drilling contractor has plugged my well						
initial	I plugged the well myself. I will submit an abandoned well plugging record to District Health Department #2 within 30 days. (obtain form from DHD2)						
	The water well was plugged on						
		(date)					
 initial	I have chosen not to plug my well. I will meet the reqirements of the groundwater control rules in the following manner:						
	Keep the original well active. I affirm the water well is in operational condition at this time. The water well will be used for the following beneficial use:						
	Retain the water well in "Ten Initial	nporary Abandoned" Status.					
	I have taken the water well out of service	at this time, but wish to retain it for use in the					

I have taken the water well out of service at this time, but wish to retain it for use in the future. I affirm the water well complies with current state and local water well construction standards, is properly isolated from potential sources of contamination, is disconnected from all distribution piping, and has the top of the casing securely capped with a threaded or welded watertight cap.

I understand by not plugging the water well, I am assuming responsibility for proper maintenance of the water well to prevent ground water contamination and prevent it from becoming a physical safety hazard. If I sell my property, it is my obligation to disclosure the presence of the temporarily abandoned well, pursuant to the Seller Disclosure Act, PA 92 of 1993.

WASTE DISPOSAL SYSTEM

1	The waste disposal system (seption	c tank) has been pumped by a licensed		
Initial	contractor, filled with clean soil or aggregate and covered in accordance with			
	District Health Department #2 pol	icy.		
	Is being retained for future use an	d meets District Health Department #2 policy.		
Initial				
	There is not a waste disposal syste	m on the property.		
Initial				
CERTIFICATI	ON & NOTARIZATION			
I CERTIFY TH	IAT THE INFORMATION ABOVE IS T	RUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		
_		·		
Signed	e)			
		Notary Public, State of Michigan,		
Title Must be signed by owner, partner, corporate		County of		
officer, or a duly authorized agent.		My commission expires:		
		Acting in the County of		
	and the in	Drafter's Name		
	ore me this	The state of the s		
	rint or Type)			
Traine of Notary (P	int or Type)			

OGEMAW COUNTY DEMOLITION PERMIT REQUIREMENTS.

The Ogemaw County Planning Commission at their December 2, 2015 meeting held in the Ogemaw County Building Commissioners Chambers, West Branch, MI passed a motion to be consistent with the county master plan, in an effort to protect our drinking water, Scott Bell made the motion supported by Randy Short that the county board of commissioners work together with the health department to develop a policy for the County Building Department to insure abandoned wells are properly plugged and documented and on-site waste disposal systems are properly abandoned prior to issuing a demolition permit.

DISCUSSION with Doug Getty, Director of Environment Health, District Health Department #2, stated that a Michigan Department of Public Health Abandoned Well Plugging Record form showing the well has been properly plugged OR a notarized affidavit signed by the property owner must be provided to the Ogemaw County Building Department stating the water well meets state and local code and will be used again in the future prior to receiving a demolition permit.

AND

Prior to receiving a Demolition Permit the property owner must provide a signed, notarized affidavit to the Ogemaw County Building Department stating the on-site waste disposal system has been properly pumped out, filled with clean soil or aggregate, and covered **OR** a notarized affidavit signed by the property owner must be provided to the Ogemaw_County Building Department_stating the on-site disposal system meets District Health Department No 2 Code and will be used again in the future.

NOTE: An Abandoned Well Plugging Record Form is provided by the well driller that plugs the well or a form may be obtained from District Health Department No. 2 if the property owner is plugging the well himself in accordance with state and local code.