



## City of Ann Arbor

### PLANNING & DEVELOPMENT SERVICES — CONSTRUCTION SERVICES

*Mailing:* 100 North Fifth Avenue | P.O. Box 8647 | Ann Arbor, Michigan 48107-8647

*Location:* 2000 South Industrial Highway | Ann Arbor, Michigan 48104-6120

p. 734.794.6263 | f. 734.994.8460 | [building@a2gov.org](mailto:building@a2gov.org)

### DEMOLITION PROCEDURES

You have requested information on the City of Ann Arbor's procedures for dealing with a demolition request. They are as follows:

1. The applicant must fill out a **BUILDING PERMIT APPLICATION** (*attached*) from PLANNING & DEVELOPMENT SERVICES and check off:  Demolition of  Existing  Building as the proposed work.
2. The applicant must then submit a completed **APPLICATION FOR DISCONNECTION OF WATER AND/OR SEWER SERVICE** (*attached*) to the PUBLIC SERVICES CUSTOMER SERVICE CENTER. This form must be signed off by Field Services Personnel and the City Treasurer or designee (who certifies the taxes have been paid.) The applicant must then submit a notice of Utilities Disconnection to Planning & Development Services.
3. The applicant must furnish written proof to PLANNING & DEVELOPMENT SERVICES from both the local electric (**Detroit Edison**) and gas (**MichCon**) companies that those utilities have been disconnected. (Telephone and Cable Television service should also be disconnected but written proof is not required.)
4. The applicant must fill out an **AFFIDAVIT OF INVESTIGATION INTO HOUSE RELOCATION AND RECLAMATION OF USABLE MATERIALS** (*attached*) from PLANNING & DEVELOPMENT SERVICES.
5. If the site is not being redeveloped immediately, a **GRADING PERMIT APPLICATION** (*attached*) from PLANNING & DEVELOPMENT SERVICES must also be filled out to verify that the site is not being reused as a parking lot or any other accessory use.
6. If the property is in a designated historic district, the applicant must submit an APPLICATION FOR DETERMINATION OF APPROPRIATENESS (*attached*) from PLANNING & DEVELOPMENT SERVICES. The Historic District Commission must grant approval before a demolition permit may be issued. The procedure is to hold a special public hearing for any demolition request.
7. Submit the entire COMPLETED package to PLANNING & DEVELOPMENT SERVICES for review.

Once Planning & Development Services staff determine the application package is complete, they may issue the demolition permit. If the site will not be used for another building, Code requires that the foundation be removed at least three feet below grade and any slabs or other flatwork be broken up to insure proper water drainage on the site. No organic material may be left in the hole. An inspection must be scheduled, made and passed before the former basement may be filled in, and again after the site is graded.



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Date Submitted: \_\_\_\_\_

PERMIT #: BLDG \_\_\_\_\_

### BUILDING PERMIT APPLICATION — COMMERCIAL

Permission is requested by the Contractor and by the Owner to perform work as described below and on the following pages, and as shown on the attached plans.

#### YOU MUST FILL IN ALL FIELDS

<b>PROPERTY</b>	Address _____		Zoning District _____	
	Suite or Unit # _____			
<b>PROPERTY OWNER</b>	Name _____		Ph _____	
			Fax _____	
	Address _____	City _____	Zip _____	Email _____
<b>CONTRACTOR</b>	Last Name/Business _____		Ph _____	
			Fax _____	
	Address _____	City _____	Zip _____	Email _____
	License No. _____	Exp _____		
<b>ARCHITECT/ ENGINEER</b>	Name _____		Ph _____	
			Fax _____	
	Address _____	City _____	Zip _____	Email _____
	License No. _____	Exp _____		
<b>VALUE OF WORK</b>				
Includes material and labor for scope of permit, excluding mechanical, electrical and plumbing. Mechanical, electrical and plumbing to obtain separate permits.				\$ _____
<b>HISTORIC DISTRICT</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No   District _____				
<b>FLOOD PLAIN</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No   DNR-E Permit # _____ Approval _____				
<b>RENTAL PROPERTY</b>				
Is this building residential rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No   No. of Units: _____				

You **MUST** submit a minimum of **TWO (2)** copies of plans.

**FOR ADDITIONAL REQUIREMENTS, REFER TO THE ATTACHED CHECKLIST**

**BUILDING INFORMATION**

**TYPE OF WORK (Select one from each column)**

<input type="checkbox"/> Build/Finish	<input type="checkbox"/> New	<input type="checkbox"/> Building
<input type="checkbox"/> Addition(s) to	<input type="checkbox"/> Existing	<input type="checkbox"/> Tenant Space
<input type="checkbox"/> Alteration(s) to	<input type="checkbox"/> Portion(s) of existing	<input type="checkbox"/> Deck
<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Shell	<input type="checkbox"/> Porch
<input type="checkbox"/> Demolition of	<input type="checkbox"/> Foundation only	<input type="checkbox"/> Fence
<input type="checkbox"/> Move	<input type="checkbox"/> Other _____	<input type="checkbox"/> Door
<input type="checkbox"/> Repair(s) to	_____	<input type="checkbox"/> Garage
<input type="checkbox"/> Replacement of	_____	<input type="checkbox"/> Roof
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Sign
_____	_____	<input type="checkbox"/> Windows-Number _____
		<input type="checkbox"/> Siding

**DESCRIPTION OF WORK:** \_\_\_\_\_

**COMMENTS TO REVIEWER:** \_\_\_\_\_

**USE-OCCUPANCY CLASSIFICATION**

<input type="checkbox"/> Vacant	<input type="checkbox"/> H-5 Hazardous production materials
<input type="checkbox"/> A-1 Assembly, theaters	<input type="checkbox"/> I-1 Institutional, supervised residential care
<input type="checkbox"/> A-2 Assembly, nightclubs, bars, restaurants	<input type="checkbox"/> I-2 Institutional, incapacitated, hospital, nursing home
<input type="checkbox"/> A-3 Assembly, rec centers, religious buildings	<input type="checkbox"/> I-3 Institutional, restrained, prisons
<input type="checkbox"/> A-4 Assembly, indoor sporting facilities	<input type="checkbox"/> M Mercantile
<input type="checkbox"/> A-5 Grandstands, stadiums, outdoor sporting events	<input type="checkbox"/> R-1 Residential, hotels, motels, boarding houses
<input type="checkbox"/> B Business	<input type="checkbox"/> R-2 Residential, multiple-family, fraternity, sorority
<input type="checkbox"/> E Educational	<input type="checkbox"/> R-3 Residential, 1 and 2 family and townhouses
<input type="checkbox"/> F-1 Factory and industrial, moderate hazard	<input type="checkbox"/> R-4 Assisted living (6-16 occ.)
<input type="checkbox"/> F-2 Factory and industrial, low hazard	<input type="checkbox"/> S-1 Storage, moderate hazard
<input type="checkbox"/> H-1 High hazard, detonation hazards	<input type="checkbox"/> S-2 Storage, low hazard
<input type="checkbox"/> H-2 High hazard, deflagration hazards	<input type="checkbox"/> U Utility, miscellaneous, garages, fences, sheds
<input type="checkbox"/> H-3 High hazard, physical hazards	<input type="checkbox"/> Mixed Uses
<input type="checkbox"/> H-4 High hazard, health hazards	

**SUPPRESSION SYSTEM**

<input type="checkbox"/> NFPA-13	<input type="checkbox"/> Limited Area	<input type="checkbox"/> Partial
<input type="checkbox"/> NFPA-13R	<input type="checkbox"/> Range Hood	<input type="checkbox"/> Complete
<input type="checkbox"/> NFPA-13D	<input type="checkbox"/> None	

**ALARM SYSTEM**

<input type="checkbox"/> Manual	<input type="checkbox"/> Automatic Detection	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete
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**BUILDING USE OPTIONS**

Single Use

Mixed Use - Separation Option:  Non-separated uses  Separated uses  Separate buildings

**PLANNING AND ZONING**

Existing Use (specify type): \_\_\_\_\_

Proposed Use (specify type): \_\_\_\_\_

Construction:  Interior Only  Exterior/Façade  Addition or New Construction (Site Plan required)

For additions or new construction, Site Plan File #: \_\_\_\_\_

*You must contact Planning at 734-794-6265 or [planning@a2gov.org](mailto:planning@a2gov.org) prior to submission of permit applications for site planned projects.*

**PURSUANT TO PUBLIC ACT 135 OF 1989  
ALL BUILDING DIVISION PERMIT APPLICANTS MUST FILL OUT THIS SECTION**

1. Workers Compensation Carrier: \_\_\_\_\_  
2. Tax ID# \_\_\_\_\_ 3. MESC # /Unemployment Agency # \_\_\_\_\_ 4. Homeowner - N/A

**CONTRACTOR**, acting through the undersigned, agrees to comply with all terms and conditions of permit as it may be issued.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Signature and Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

**I, OWNER**, or person acting as owner's agent, agree to require Contractor to comply with all terms and conditions of permit as it may be issued, agree to the terms and conditions of permit as it may be issued, and agree to pay all fees and costs that may come due as a result of any activity under the permit.

\*Signature: \_\_\_\_\_

Print Name of Signature: \_\_\_\_\_

\*If Owner's signature is by Contractor or its representative, Contractor warrants and represents that it is an authorized agent for Owner for purposes of obtaining this permit. (NOTE: Contractor is *NOT* allowed to act as agent for Owner if Contractor is in non-compliance status on other permits.)

**NOTICE: A copy of this permit will be provided to the City Assessor's Office when the requested building permit is issued. A staff member of the Assessor's Office may visit the property for assessment purposes in connection with this building permit. By signing this application you acknowledge, personally and on behalf of the property owner, receipt of this notice.**

**PAYMENT**

Please provide payment information to process the application using **the payment cover sheet**. *Any application received without payment information included cannot be processed.*

**OFFICE USE ONLY**

**HISTORIC DISTRICT NOTES**

Notes: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**PLANNING AND ZONING NOTES**

Notes: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING NOTES**

Notes: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**FEES**

Building Permit \_\_\_\_\_

Plan Review \_\_\_\_\_

Zoning Review \$20 \$50  N/A

Site Compliance \$150  N/A

Grading Permit \_\_\_\_\_

Historic District Permit \$25 Other N/A

**TOTAL** \_\_\_\_\_



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**GRADING/SOIL EROSION AND SEDIMENTATION  
CONTROL PERMIT APPLICATION**

Part 91 of Act No. 451 of Public Acts of 1994 as amended, being Section 324.9101 - 324.9123  
of Michigan Compiled Laws and Title V, Chapter 63, City of Ann Arbor Ordinance Code

Permission is requested by the Property Owner and designated agent to perform work as  
described below and on the reverse side, and as shown on the attached plans.

**YOU MUST FILL IN ALL FIELDS**

<b>PROPERTY</b>	<i>Address</i>	<i>Tax ID No.</i>	<i>Lot #</i>	
	<i>Between</i>	<i>And</i>		
<b>PROPERTY OWNER</b>	<i>Name</i>		<i>Ph</i>	
			<i>Fax</i>	
	<i>Address</i>			
<b>CONTRACTOR/ DESIGNATED AGENT</b>	<i>Last Name/Business</i>		<i>Ph</i>	
			<i>Fax</i>	
	<i>Address</i>	<i>City</i>	<i>License No.</i>	<i>Exp.</i>
<b>ARCHITECT/ ENGINEER</b>	<i>Name</i>		<i>Ph</i>	
			<i>Fax</i>	
	<i>Address</i>		<i>License No.</i>	
<b>PROJECT INFORMATION/NAME:</b>				
<b>TYPE OF WORK</b>				
<input type="checkbox"/> Build/Finish <input type="checkbox"/> Addition(s) to <input type="checkbox"/> Alteration(s) to <input type="checkbox"/> Demolition/Cleaning <input type="checkbox"/> Move <input type="checkbox"/> Repair(s) to <input type="checkbox"/> Replacement of <input type="checkbox"/> Other _____	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Portion(s) of existing <input type="checkbox"/> Foundation only <input type="checkbox"/> Other _____ _____ _____ _____	<input type="checkbox"/> Single Family Residence <input type="checkbox"/> Garage <input type="checkbox"/> Driveway <input type="checkbox"/> Multiple Structure Development <input type="checkbox"/> Commercial <input type="checkbox"/> Utility <input type="checkbox"/> Public Facility <input type="checkbox"/> Other _____		

You **MUST** submit **TWO (2)** copies of plans.

**FLOODPLAIN/WETLAND**

Name of and distance to nearest lake, stream or drain: \_\_\_\_\_

Does project require MDEQ Permit?     Yes     No    DEQ Permit # \_\_\_\_\_

**DESCRIPTION OF WORK** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ON-SITE CONTACT:**

NAME: \_\_\_\_\_ Company Name \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

Total Area of Parcel (In Acres): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Total Area of Proposed Earth Disruption (Nearest 1/10th of an acre): \_\_\_\_\_

Anticipated Earth Disruption Starting Date\*                      MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

\* Soil erosion and sedimentation controls must be established prior to any earth disruption, and then maintained through the duration of the project until all soils are permanently stabilized.

Anticipated Final Inspection Date\*\*                                  MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

\* Vegetation (sod, seed and mulch, landscaping, etc.) of all disturbed areas must be established before requesting final inspection.

\*\* All site improvements must be in place per the approved plan before requesting Certificate of Occupancy.

**2 COPIES OF THE GRADING PLAN MUST ACCOMPANY THIS APPLICATION.  
Please verify that all of the following information required is included on the grading plan:**

**For Projects on One Single Family Parcel or Lot:**

- The scale of the grading plan. (Not to exceed 1"= 50'.)
- A description of the soil types of the exposed land area contemplated for the earth change.
- All natural features (landmark trees, wetlands, floodplains, woodlands, steep slopes, etc.) within 50 feet of proposed disturbance; and watercourses or lakes within 500 feet of the proposed disturbance.
- All existing and proposed structures are shown on the plan (differentiate between the two).
- The physical limits of each proposed earth change including any areas that will be disturbed.
- Existing and proposed grade changes (differentiate between the two) using contour lines or **accurate** slope descriptions.
- Arrows indicating existing and proposed (differentiate between the two) water runoff patterns.
- A description and the location of all proposed temporary and permanent soil erosion and sediment control measures necessary to prevent offsite sedimentation.
- The timing and construction sequence of each proposed earth change.

**FOR NEW HOUSE CONSTRUCTION ONLY, the following relative spot elevations are shown:**

- First floor elevation.
- Lowest floor (basement) elevation for a walkout.
- A spot elevation of the street in front of the structure.
- High and low spot elevations on the lot (existing and proposed).

**For multiple structure developments or on land zoned other than single family residential:**

Is Site Plan Approval from the City Planning Department required for this project?

- Yes      Approval Date \_\_\_\_\_ Site Plan File # \_\_\_\_\_
- No

**2 COPIES OF THE APPROVED SITE PLAN AND GRADING PLAN  
IN COMPLIANCE WITH CHAPTER 63 MUST ACCOMPANY THIS APPLICATION.**

**NOTE:**

1. Earth disruption may not commence prior to issuance of Grading/Soil Erosion and Sedimentation Control permit.
2. If project involves work within a floodplain, wetland, or cross section of a lake or stream, you must obtain an MDEQ permit prior to issuance of this permit.
3. Permittee is cautioned that grade changes resulting in the impoundment of water or increased runoff onto adjacent property is subject to civil damage litigation.

The Property Owner's signature is required either as the sole permit holder or to authorize the contractor to be the designated agent.

Permit holder will be:

- Property Owner
- Contractor / Designated Agent

(NOTE: Contractor is NOT allowed to act as a designated agent if Contractor is in non-compliance status on other permits.)

I (we), the Property Owner, authorize the Contractor identified on this application to be my Designated Agent and to secure a grading permit on my behalf.

\_\_\_\_\_  
*Property Owner's Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

I (we) affirm that the above information is accurate and that I (we) will conduct the above described earth change in accordance with Part 91, Soil Erosion and Sedimentation Control, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, Chapter 63 of the Ann Arbor Ordinance Code, the documents accompanying this application, and with all terms and conditions of the permit as it may be issued, and agree to pay all fees and costs that may come due as a result of any activity under the permit.

\_\_\_\_\_  
*Property Owner's Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

I (we) affirm that the above information is accurate and that I (we) will conduct the above described earth change in accordance with Part 91, Soil Erosion and Sedimentation Control, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, Chapter 63 of the Ann Arbor Ordinance Code, the documents accompanying this application, and with all terms and conditions of the permit as it may be issued, and agree to pay all fees and costs that may come due as a result of any activity under the permit.

\_\_\_\_\_  
*Designated Agent's Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**OFFICE USE ONLY**

GRADING NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved By: \_\_\_\_\_ Approval Date: \_\_\_\_\_

**FEES**

Grading Permit \$ \_\_\_\_\_

Cash Bond: \$ \_\_\_\_\_



# City of Ann Arbor UTILITIES DEPARTMENT

100 North Fifth Avenue | P.O. Box 8647 | Ann Arbor, Michigan 48107-8647  
p. 734.794.6267 | f. 734.994.8460 | www.a2gov.org

## APPLICATION FOR DISCONNECTION OF WATER AND/OR SEWER SERVICE

Service Address: \_\_\_\_\_

Lot Number and Property Description: \_\_\_\_\_

Applicant: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street City State Zip

Excavation By:  City  Contractor Street Cut Permit No. \_\_\_\_\_

Schedule of Charges <i>(per SC-2 and WC-2, 7/1/03)</i>	Excavation By <b>Utilities</b>	Excavation by <b>Contractor</b>
Water Disconnection Fixed Fee	\$2,620.00	\$155.00
Sewer Disconnection Fixed Fee	\$4,725.00	\$155.00

Winter excavation is possibly subject to frost charge.

Water Service Disconnection Fee Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_

Sewer Service Disconnection Fee Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_

### Complete this section when excavation and surface restoration is provided by applicant/contractor:

I will provide an excavation for the disconnection(s), which meets Utilities Department Approval and meets all City, State, and Federal safety requirements. I will also notify the Utilities Department Field Services Division (994-1760) several days in advance when the excavation is expected to be ready and a later second notice as to the hour the excavation will be complete so the disconnection(s) may be inspected/made by Utilities Department personnel.

\_\_\_\_\_  
*Applicant/Contractor Signature*

\_\_\_\_\_  
*Date*

To: Building Department Director Date: \_\_\_\_\_  
From: Utilities Director and City Treasurer  
Subject: Demolition

Arrangements have been made to protect the Water Supply System and/or the Sewer Collection System when the building(s) are demolished at \_\_\_\_\_. According to our records, there are no delinquent taxes or water/sewer bills owing on the above property. The service connection(s) and appurtenances have been removed and the contractor may commence demolition and remove the basement wall and footings.

\_\_\_\_\_  
*Utilities Director or designee*

\_\_\_\_\_  
*City Treasurer or designee*

EXCERPTS FROM:

**CITY OF ANN ARBOR  
UTILITIES DEPARTMENT  
RULES AND REGULATIONS**

**Number: SC-2 and WC-2  
Effective Date: July 1, 2003  
Water/Sewer Disconnection Fees**

**B. Sewer Service Disconnection Fee:**

The sewer disconnection fee shall be in the amount of \$4,725.00 each, payable at the time of application for a sewer disconnection from the Utilities Department. The sewer disconnection fee shall be in the amount of \$155.00 when a qualified contractor excavates, caps the sewer service, and restores the surface.

**D. Frost Charge:**

A minimum charge of \$325/hr. will be levied when, in the opinion of the Department, sufficient additional work and equipment is required to break frost or accommodate frost laws. If the frost depth is greater than 12 inches or if additional work occurs because of frost laws, the entire work will be charged at actual cost.

**F. Water Service Disconnection Fee:**

The water disconnection fee shall be in the amount of \$2,620.00 each, payable at the time of application for a sewer disconnection from the Utilities Department. The water disconnection fee shall be in the amount of \$155.00 when a qualified contractor excavates, caps the sewer service, and restores the surface.



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UTILITIES DEPARTMENT**

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**TEMPORARY DISCONNECT AGREEMENT**

This is an agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between the City of Ann Arbor and \_\_\_\_\_, hereinafter called the owner, being the owner of the property at \_\_\_\_\_, such property described as \_\_\_\_\_

The owner intends to demolish the existing structure on the owner's property and construct a new one, utilizing existing water and/or sewer service line connections. Construction of the new building and a planned reuse of the existing water and/or sewer lines is expected to be completed by \_\_\_\_\_.

Because the owner represent that the new building will be promptly constructed and hooked up to the existing water and/or sewer lines, the City of Ann Arbor will permit demolition of the present building without requiring the owner to permanently disconnect the water and/or sewer service lines back at their main line connections. Instead, the owner may excavate and backfill at the water curb box/stop and have Utilities Department personnel disconnect the water service. The sanitary and storm sewer service lines shall be plugged by the owner just outside of the building footings or at the property line and shall be available for inspection at the time of water service disconnect. The sanitary sewer service line shall remain plugged until a roofed building is placed over the building excavation to assure no stormwater temporarily enters the City's sanitary sewer. The time and material expenses of the City to disconnect the water service and inspect the sewer service plug shall be promptly paid upon invoicing.

If the sewer and/or water service lines have not been reconnected to a new building on the property by \_\_\_\_\_, then the owner agrees to, within 30 days, have them permanently disconnected at the main lines by either a contractor or by the City of Ann Arbor Utilities Department as provided by Utilities Department Rule UR-13 and pay the City the fixed fees and road restoration as prescribed by Rule UR-13. If this work is not done within the specified 30 days, then the City shall have the work done and the cost of the work if done by others, or the amount of the fees and surface restoration, shall be assessed against the owner's property.

It is agreed that City expenses for permanent and/or temporary service disconnection shall become a lien against the premises; and, after due notice to the owners of the premises, the unpaid charges for City service shall be assessed as a tax against said premises and the same shall be certifies to the city Assessor who shall place the same on the next tax roll of the City.

Witnesses:

Owner

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

City of Ann Arbor

By \_\_\_\_\_

*Its Utilities Director*



# City of Ann Arbor

## UTILITIES DEPARTMENT

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### APPLICATION FOR WATER SERVICE

APPLICANT TO COMPLETE				
TYPE OF WORK:	<input type="checkbox"/> New Tap	<input type="checkbox"/> Enlargement	<input type="checkbox"/> Replacement	<input type="checkbox"/> Disconnection
Service Address: _____				
Lot Number and Property Description: _____				
<i>(If more space is needed, attach description)</i>				
Applicant: _____				
Billing Address: _____				
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Plumbing Contractor: _____				
Service Size: _____ inches		Trench dug by: <input type="checkbox"/> City <input type="checkbox"/> Plumber		
Remarks: _____				
Indicate approximate date service installation requested: _____				
<b>PLEASE CALL 734.994.1760 SEVERAL DAYS IN ADVANCE TO ACTUALLY SCHEDULE INSTALLATION.</b>				

TREASURER TO COMPLETE			
Date: _____	Service Connection Charge or Deposit	\$	_____
Tap No.: _____	Surface Restoration Deposit	\$	_____
	Total Charge & Deposit	\$	_____
			Receipt No.: _____
<p><i>The deposit amount indicated above is merely an estimate of the City's cost for the connection. The applicant agrees to pay all of the City's costs incurred with the connection, including any street or sidewalk restoration, as finally determined and billed by the City.</i></p>			
_____		_____	
<i>Applicant's Telephone</i>		<i>Applicant's Signature</i>	

UTILITIES DEPARTMENT TO COMPLETE			
<b>SERVICE WORK</b>	<b>COST</b>		
Labor	\$ _____	Install _____ inch Tap	\$ _____
Material	_____	Right-of-Way +/- _____ Feet @ \$ _____	\$ _____
Equipment	_____	<b>Subtotal</b>	\$ _____
<i>Total Cost</i>	_____	Credit for Digging _____ Feet @ \$ _____	\$ _____
Customer Charge	_____	Surface Restoration	\$ _____
Profit/Loss	\$ _____	S.T.P. Permit for Number _____	\$ _____
		<b>TOTAL</b>	\$ _____
<b>STREET WORK</b>	<b>COST</b>		
Labor	\$ _____	Service Receipt Number _____	
Material	_____	Balance or Refund	\$ _____
Equipment	_____	Invoice No. _____	
Inspection Fee	_____	Foreman Review date and Initial	_____
Permanent Patch	_____	Field Superintendent Review date and Initial	_____
<i>Total Cost</i>	\$ _____		





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## APPLICATION FOR SEWER TAP PERMIT

### APPLICANT TO COMPLETE

1. TYPE OF WORK:     New Tap             Additional tap             Disconnection
  2. Service Address: \_\_\_\_\_
  3. Lot Number: \_\_\_\_\_                      Subdivision: \_\_\_\_\_
  4. Property Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (If more space is needed, attach description)*
5. Applicant: \_\_\_\_\_
  6. Billing Address: \_\_\_\_\_  

Street
City
State
Zip
  7. Plumber's Name: \_\_\_\_\_
  8. Plumber's License Number: \_\_\_\_\_
  9. Plumbing Permit Number: \_\_\_\_\_
  10. Street Cut Permit Number: \_\_\_\_\_
  11. Tap Size:             Sanitary \_\_\_\_\_             Storm \_\_\_\_\_
  12. Number of Connections:  Sanitary \_\_\_\_\_             Storm \_\_\_\_\_
  13. Work to be Done by:     Contractor     City
  14. Indicate approximate date service installation requested: \_\_\_\_\_

**PLEASE CALL 734.994.1760 SEVERAL DAYS IN ADVANCE TO ACTUALLY SCHEDULE INSTALLATION.**

### TREASURER TO COMPLETE

Date: \_\_\_\_\_                      Deposit Number: \_\_\_\_\_  
 Tap No.: \_\_\_\_\_                      Deposit                      \$ \_\_\_\_\_

### UTILITIES (ENGINEERING) TO COMPLETE

Main Sewer Size: \_\_\_\_\_                      Approximate Depth: \_\_\_\_\_  
 Slope of Sewer: \_\_\_\_\_                      Direction of Flow: \_\_\_\_\_  
 Invert of Connection Manholes: \_\_\_\_\_  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_





**City of Ann Arbor**  
**PLANNING & DEVELOPMENT SERVICES — CONSTRUCTION SERVICES**

*Mailing:* 100 North Fifth Avenue | P.O. Box 8647 | Ann Arbor, Michigan 48107-8647

*Location:* 2000 South Industrial Highway | Ann Arbor, Michigan 48104-6120

p. 734.794.6263 | f. 734.994.8460 | building@a2gov.org

**AFFIDAVIT OF INVESTIGATION INTO HOUSE RELOCATION  
AND RECLAMATION OF USEABLE MATERIALS**

House Location: \_\_\_\_\_

- I certify that I have received the information from the City of Ann Arbor regarding persons or organizations interested in relocating or acquiring houses otherwise proposed for demolition.
- I have investigated the possibility of relocation of this house and reclamation of materials contained therein.
- I have contacted the following (No minimum number of contacted required):

Name	Organization/Address	Contact Date

The following is a result of the contact(s):

- Decision is to relocate the house.
- Decision is to reclaim a portion of the materials prior to demolition.
- Decision is to demolish the house because (for information only):

\_\_\_\_\_  
\_\_\_\_\_

<i>Signed:</i>
<i>Print Name:</i>
<i>Address:</i>
<i>Date:</i>



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### ALTERNATIVES TO DEMOLITION

Recycling of materials and structures allows for the “reuse” of still usable goods that would otherwise find their way into landfills. When “deconstructing” old buildings instead of demolishing them, materials are pulled out and separated so that valuable items can be used again. This process can significantly reduce waste tipping fees after the deconstruction, depending on the level of waste separation and recycle ability.

Relocating old homes that are in the path of development provides the option of reusing structurally sound buildings. Relocation also serves the function of preserving historically significant architecture.

#### **Alternatives to Landfills**

**THE REUSE CENTER:** Opened in 1996 as an alternative to throwing away used, but still usable goods. At its location, 2420 South Industrial, builders, deconstructors, and individuals can donate good condition building materials, appliances, tools and household items. This prevents waste by putting materials into the hands of those who can use them.

**THE DROP-OFF STATION:** Located at 2950 East Ellsworth, this station operated by Recycle Ann Arbor is a drop off point for a wide variety of industrial waste. This location accepts virtually all sorted deconstruction waste for recycling including metal, wood, concrete, cardboard, glass and plastic. Drop off fees vary for different materials. This station regularly diverts many tons of material from landfills.



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**PAYMENT COVER SHEET**

**NAME:** \_\_\_\_\_

**COMPANY/PROPERTY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_