

## **Building Permit Application**

Non-Refundable Application Fee: \$50

Date of Application:		Project Cost:	
PROPERTY INFORMATION-	Must attach copy of co	ontract and state license information	
Construction Site Address	:		
Contractor/Owner Name:			
Address:		Email:	
		Phone:	
Federal Employee ID:		License #:	
Expiration Date:			
TYPE OF WORK – must also	attach relevant drawi	ngs, materials list, etc.	
SELECT ONE:			
New Building	Alteration	Roof/Re-roof	
Addition	Repair	Mobile Home Se	t-up
Accessory Structure	Sign	Other (please sp	ecify)
PROJECT NARRATIVE – Des	scribe the work to be co	ompleted	
ARCHITECT OR ENGINEER I	NFORMATION (REQUI	RED FOR COMMERCIAL WORK)	
Name:			
Address:			
		ail:	

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized to make this application as their authorized agent, and I agree to conform to all 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 Construction Code Act of 1972, Act No. 230 of Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or residential structure. Violators are subject to civil fines. Upon submittal of application a non-refundable fee of \$50 is due before application will be processed.

be processed.			
Owner/Contractor Signatu	ire Date	<u> </u>	
Printed Name			
STAFF USE ONLY			
Zoning Approval			
Signature:		Date:	
Building Approval			
Signature:		Date:	
Zoning District:	_ Lot Size (Sq. ft. or acres): _		
Corner Lot?: YES or NO			
			Application Fee:
			Permit Fee:
			Site Plan Review:
			Total Due: