

AUTHORITY: P.A. 230 OF 1972, AS AMENDED
 COMPLETION: MANDATORY TO OBTAIN PERMIT
 PENALTY: PERMIT WILL NOT BE ISSUED

THIS DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP
 BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS,
 HANDICAP, OR POLITICAL BELIEFS.

Applicant to complete all items in section I, II, III, IV, V, and VI
**NOTE: SEPARATE APPLICATIONS MUST BE TO THE APPROPRIATE DIVISION FOR PLUMBING,
 MECHANICAL AND ELECTRICAL WORK PERMITS**

I. LOCATION OF BUILDING		
THIS PROPERTY IS LOCATED IN A DESIGNATED HISTORIC DISTRICT.	YES	NO
ADDRESS	ZIP CODE	
BETWEEN	AND	

II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME	TELEPHONE NUMBER	CELL NUMBER	FAX NUMBER
ADDRESS	CITY	STATE	ZIP CODE
B. CONTRACTOR			
NAME	TELEPHONE NUMBER	CELL NUMBER	FAX NUMBER
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			
RESIDENTIAL BUILDERS LICENSE NUMBER		EXPIRATION DATE	
FEDERAL EMPLOYER I.D. NUMBER OR REASON FOR EXEMPTION		EXPIRATION DATE	
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION		EXPIRATION DATE	
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION	NUMBER OF EMPLOYEES	MESC#	

III. APPLICANT INFORMATION			
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION			
NAME	TELEPHONE NUMBER	CELL NUMBER	FAX NUMBER
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL I.D. NUMBER			

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 IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Section 23a of the state construction code act of 1972 PA 230, MCL 125.1523A, 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 a residential structure. Violators of section 23a are subject to civil fines.

SIGNATURE OF APPLICANT

Date

