

BUILDING PERMIT APPLICATION



DATE: _____

980 Miners Road, St. Joseph, MI 49085
(269) 429-2501

PERMIT: _____

ALL INFORMATION MUST BE COMPLETE BEFORE A PERMIT WILL BE ISSUED

Job Address: _____ (City) _____ (State) _____ (Zip) _____

Property Owner: _____ Parcel # 11-17- _____

Owners Address: _____ Phone # _____

Name of Applicant: _____ Company Name: _____

Address: _____ (City) _____ (State) _____ (Zip) _____

Type of License: _____ Business Phone # _____

License # _____ Expiration Date: _____ Cell Phone # _____

Fed ID # _____ Workmen's Comp. Carrier: _____

M.E.S.C. _____ Reason for No Ins. _____

Describe Proposed Work: _____

Building Type: _____ Type of Construction: _____ Total Sq. Ft. _____

Start Work Date: _____ Finish Work Date: _____ Value of Work: _____

Permit Fee: _____ Plan Review: _____ Payment Type: Cash _____ Check # _____

Applicant Responsible to Secure All Necessary Permits and Schedule Required Inspections

A Site and/or Floor Plan is Required for all Construction Projects.

Any Sewer and/or Water Assessment for new home/business construction must be paid prior to construction

Section 23a of the State Construction Code Act of 1972, Act 230 of the Public Act of 1972, being Section 124.1523a 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 a residential structure. Violators of Section 23a are subject to criminal prosecution.

Signature: _____ Date: _____

Homeowners Affidavit: I hereby certify the building work described on this application shall be installed by myself in my single family dwelling in which I am occupying or about to occupy. All work shall be installed in accordance with Local Ordinances and the Building Code governing this jurisdiction and shall not be covered up or put into service until it has been inspected and approved by the Building Official. I will assume all responsibility for obtaining all required permits and arranging all necessary inspections.

Signature: _____ Date: _____