

PORT SHELDON TOWNSHIP
APPLICATION FOR BUILDING PERMIT
16201 Port Sheldon Street West Olive MI 49460
616-399-6121 Fax 616-399-7173

PARCEL # 70-11-_____	JOB ADDRESS_____	Lot #_____
OWNERS NAME_____	PHONE_____	
OWNERS ADDRESS_____	City/State/Zip_____	

Contractors Name_____ Phone_____ Fax_____

Contractors Address_____ City/State/Zip_____

Builders License #_____ Expiration Date_____

Federal ID#_____ Workers Comp Carrier_____

MESC Employer # / reason for exemption_____

Architect/Engineer Name_____	Phone_____
Address_____	City/State/Zip_____ License #_____

Describe Project and intended use:_____

Bldg Size: length_____ width_____ Footage: Main Floor_____ 2nd Floor_____

Finished Basement_____ Attached Garage_____ Remodeled Area_____

Estimated cost of Construction (include costs of electrical, mechanical, plumbing and all labor) \$_____

Approximate starting date_____ Construction Type_____ Use Group_____

Section 23a of the State Construction Code Act of 1972, 1972 PA230, 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.

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 the application as his/her agent. I 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. I assume responsibility for contacting the Township for all required inspections required for the permit (s) requested. Applicant is responsible for payment of all fees and charges applicable to this application.

Applicant Name_____ Phone/Fax#_____

Address_____ City/State/Zip_____

Signature owner/contractor/agent (circle one) Date