

**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 \_\_\_\_\_  
MESCC 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 \_\_\_\_\_  
Email address \_\_\_\_\_

Signature \_\_\_\_\_ owner/contractor/agent (circle one) \_\_\_\_\_ Date \_\_\_\_\_