Port Sheldon Township			
16201 Port Sheldon Street			
West Olive MI 49460			
Office: 616-399-6121 Fax: 616-399-7173			
www.portsheldontwp.org			

Office Use Only

Permit No.

Date:

PERMIT TYPE:	PLUMBING	ELECTRICAL	MECHANICAL	
General Information				
Owners Name	Owners Phone No			
Property Address				
Contractor Information				
Contractor Business Name:		Phone	:	
Contact Person:		Phone	:	
Address:	Ci	ty:State:	:Zip Code:	
Master License No		Exp Da	ate:	
Contractor License No.		Exp Da	ate:	
Federal ID No MESC Employer No				
Workmen's Comp Carrier:				
E-Mail Address:				
Project Description				
How many inspections will you need?				
Total amount due:	(\$60 Per	Inspection)		
Section23A of the state construction code Act #230 of the 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 a residential structure. Violators of Section 23A are subject to civil fines.				
AFFIDAVIT: 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 authorized agent, and we agree to conform to all applicable laws of the state of Michigan. I agree the statements made above are true, and if found not to be true, any permit that may be issued may be void. Further, I agree to give permission for officials of Port Sheldon Township, the County of Ottawa and the State of Michigan to enter the property subject to this permit for the purposes of inspection.				
Applicant Signature		Da	te	
Authorized Signature	tained from township an A	Da Da		

If any work is started before permit is obtained from township, an Administration Fee/Investigation fee shall be paid to that township before a permit is issued.