

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

Office Use Only

Permit No. _____

Date: _____

PERMIT TYPE: _____ PLUMBING _____ ELECTRICAL _____ MECHANICAL

General Information

Owners Name _____ Owners Phone No. _____

Property Address _____

Email Address _____

Contractor Information

Contractor Business Name: _____ Phone: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Master License No. _____ Exp Date: _____

Contractor License No. _____ Exp Date: _____

Federal ID No. _____ MESC Employer No. _____

Workmen's Comp Carrier: _____

E-Mail Address: _____

Project Description _____

How many inspections will you need? _____

Total amount due: _____ (\$65 Per Inspection) _____

Section 23A 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

Date

Authorized Signature

Date

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.