

IV. IDENTIFICATION

A. OWNER OR LESSEE NAME:

Name _____

Address _____

City _____

Telephone Number _____

Cell Phone Number _____

Fax Number _____

State & Zip Code _____

B. ARCHITECT OR ENGINEER NAME:

Name _____

Address _____

City/State/Zip _____

Telephone Number _____

Cell Phone Number _____

Fax Number _____

License # & Expiration _____

C. CONTRACTOR NAME:

Name _____

Address _____

City _____

Builder's License # _____

Telephone Number _____

Cell Phone Number _____

Fax Number _____

State _____ Zip Code _____

Expiration Date _____

Federal Employer ID # Or Reason For Exemption: _____

Worker's Comp Insurance Carrier Or Reason For Exemption: _____

MESC Employer Number Or Reason For Exemption: _____

V. APPLICANT INFORMATION

Applicant Is Responsible For The Payment Of All Fees/Charges Applicable To The Application And Must Provide The Following Information:

Name _____

Telephone Number _____

Address _____

Cell Phone Number _____

City/State/Zip Code _____

Fax Number _____

Email Address _____

Preferred Method of Contact for Plan Reviews _____

Federal Employer ID # Or Reason For Exemption: _____

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/her agent, and we 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.

Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1253a 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.

APPLICANT SIGNATURE: _____

APPLICATION DATE: _____

PRINT APPLICANT NAME: _____

***** REMODELS ONLY - COST OF PROJECT:** _____

NOTES - FOR DEPARTMENT USE ONLY:
