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BUILDING PERMIT APPLICATION -COMMERCIAL

City, Township or Village _____

1. Applicant Information

Name _____

Address _____

City/State/Zip code _____

Phone _____ Fax # _____

Federal ID Number or reason for exemption _____

Workers comp. carrier or reason for exemption _____

MESC number or reason for exemption _____

2. Project Information

Job Address _____

Between _____ and _____

Permanent Parcel Number _____

Owner of records name _____

Address _____

Phone _____ Fax _____

3. Type of Improvement

What are you building (in detail) : _____

What will it be used for (in detail) : _____

Dimensions _____ ft. by _____ ft.

(width)

(length)

4. Cost of project _____

5. **Site Plan:** Planning Commission approval.

6. **Affidavit - Please check one**

_____ **Contractor** _____ **Owner**

I certify and affirm that I am the property/ building owner or authorized agent and that I agree to conform to all applicable laws of this jurisdiction.

By signing this statement, I assume the following responsibilities:

1. The work regulated by this permit must meet zoning and building codes regulations. If a violation exists, the **HOLDER OF THE PERMIT** must improve it to be acceptable.
2. All insurance liability is assumed by the **PERMIT HOLDER**
3. **PERMIT HOLDER** must call for and receive approvals for all required inspections (see plan review for required inspections) prior to covering the work and occupying.

Section 23a of the State Construction Code Act of 1972. Act No.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 the 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.
STATE OF MICHIGAN, PUBLIC ACT 230 REQUIRES FINAL INSPECTIONS AND CERTIFICATE OF OCCUPANCIES ISSUED ON ALL PROJECTS BEFORE OCCUPANCY.
PERMITS ARE VALID FOR ONE YEAR ONLY. A PERMIT IS CONSIDERED ABANDONED IF WORK IS SUSPENDED OR HAS NOT BEGUN FOR ANY SIX CONSECUTIVE MONTHS.

Signature _____ Date: _____

Print Name _____