KAWKAWLIN TOWNSHIP

1836 E. Parish Rd., Kawkawlin, MI 48631

PH (989) 686-8710 FAX (989) 686-0895 **BUILDING PERMIT**

All Contractors Must Register With the Township

Applicant to complete numbered spaces only.

| 1. JOB ADDRESS | | | · | _ | | | |
|--|---|--|--|---------------------------------------|----------------|-------------------------------------|--|
| 2. OWNER | | | PHONE | | | | |
| 3. OWNER'S MAILING ADDRESS | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | | | |
| 4. CONTRACTOR | | | PHONE | | | CENSE NO. | |
| 5. CONTRACTOR'S MAILING ADDRESS | | | <u> </u> | | _ , | | |
| ARCHITECT OR DESIGNER MAILING ADDRESS | | PHONE LICENSE NO. | | | | | |
| ENGINEER MAILING ADDRESS | | PHONE LICENSE NO. | | | | | |
| | | | | | | | |
| USE OF BUILDING | | | 9. CLASS OF WORK: DINEW DIADDITION DIALTERATION DIREPAIR | | | | |
| 0. DESCRIBE WORK: | | | 11. VALUATION OF WORK: \$ | | | | |
| 12. CHANGE OF USE FROM | | | | | | | |
| CHANGE OF USE TO | | | | | | | |
| | | | KNOX BOX FEE | | | CHECK# | |
| · | | | | _ [| | | |
| CONTRACTOR | | | PLAN CHECK FEE | PLAN CHECK FEE | | PERMIT FEE | |
| NAME PHONE I | | 0. | TYPE OF CONST. OCCUPANCY G | | UP | DIVISION | |
| ADDRESS | | | SIZE OF BLDG. (TOTAL SQ. FT.) | NO. OF STORIES | | MAX OCC. LOAD | |
| CITY | STATE | ZIP CODE | FIRE ZONE | | | FIRE SPRINKLERS REQUIRED Q YES Q NO | |
| BUILDERS LICENSE NO. EXPIRATION DATE | | NO. OF DWELLING UNITS | TS OFF STREET PARKING SPACES COVERED UNCOVERED | | | | |
| FEDERAL EMPLOYER ID NUMBER | | <u> </u> | SPECIAL APPROVALS | REQUIRED | RECEIV | | |
| OR REASON FOR EXEMPTION | <u>. </u> | | ZONING | | | | |
| WORKERS COMP INSURANCE | | | HEALTH DEPT. | | | | |
| CARRIER OR REASON FOR EXEMPTION | | | FIRE DEPT. | | _ | | |
| | | | SOIL REPORT | | | | |
| MESC EMPLOYER NUMBER OF REASON FOR EXEMPTION | | | ENGINEERING | | | | |
| | | | WATER | | | | |
| | | | CROSS CONNECTION | } | | | |
| | | • | SOIL EROSION | | | | |
| | | | OTHER (SPECIFY) | | | | |
| SIGNATURE OF OWNER (IF OWNER BUILDER) DATE | | | PLANNING COMM. | | | | |
| THIS PERMIT BECOMES NULL AND VOID OR ABANDONED FOR A PERIOD OF 180 "Section 23a of the state consti- prohibits a person from conspiring or a residential structure. Violators of sec | DAYS AT ANY TIME AF ruction code act 19 to circumvent the l | TER WORK IS COMMI 72, Act No. 230 of licensing requireme | ENCED. Public Acts of 1972, bei | ng section 125.15 | 523a of th | ne Michigan Complied La | |
| SIGNATURE | | | | DATE | | | |
| | BUILDING INSPECTOR OR | AUTHORIZED REP. | WHEN PRO | | | SPACE) THIS IS YOUR PER | |
| PLAN CHECK VALIDATION | CK. M.O. | CASH | PERMIT VALIDA | ATION CK. | М.С | D. CASH | |
| WHITE | E - Inspector Y | 'ELLOW - Applicant | BLUE - Assessor | | | | |
| n Clair Meas De Commission | | | | | | Neetz Printing | |