

BERRIEN TOWNSHIP
 8916 M-140, Berrien Center, Mi 49102
 269-461-6925 ~ fax 269-461-3762
BUILDING PERMIT APPLICATION

Permit # _____

Date _____

Bldg. Ins. Ph. # _____ Plan Chk. Fee \$ _____ Permit Fee \$ _____

Job Address _____ New Const. _____ Extg. _____

Property Owner's Name _____ Property Code _____

Address _____ City _____ MI Zip _____ Phone _____

Applicant/Contractor _____ Email Address _____

Address _____ City _____ State _____ Zip _____ Phone _____

Res. Bldrs. Lic. # _____ Exp. Date _____ Phone # _____ Fax # _____

Fed. Emp. ID # _____ Or reason not req'd. _____

Work. Comp. Carrier _____ Or reason not req'd. _____

Class of Work	NEW	ADDITION	ALTERATION	REPAIR	MOVE	OTHER
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Describe work: _____

Architect _____ Address _____ Valuation of work \$ _____

Type of Const. _____ Size of Bldg. (sq. ftg.) _____ Height of bldg. _____

Special Conditions _____

	Other Permits Required	
	Required	Received
Zoning		
Health Dept.		
Soil Erosion		
Plumbing		
Mechanical		
Electrical		
Spec. Land Use		
Variance		
Res Chk.		

"Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being section 125.523a 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 of not less than \$100.00 nor more than \$500.00."

Signature _____

(Must be signed by all applicants)

Date _____

Homeowner's Affidavit: I hereby certify the building work described on this application shall be installed by myself in my own single family dwelling in which I am living or about to occupy. All work shall be installed in accordance with the Michigan Building Code as enforced by Berrien Township and shall not be covered up or put into operation until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume the responsibility to arrange for necessary inspections.

Home Owner _____

Date _____

Received by: _____