## Building Permit & Plan Examination Application for Milton Township

32097 Bertrand St.

Niles, MI 49120

269-684-7262

ADDITIONAL TO COMPLETE CENTIONS ( 2 AND 2						
APPLICANT TO COMPLETE SECTIONS 1, 2, AND 3						
1. Applicant Identification						
A. Job Addr						
B. Occupant						
C. Owner N	ame:	City		State	Zip	
• •					r	
E-mail Address		Telephone/Cell				
D. Contractor Name:						
Mailing Address	or Name.	City		State	Zip	
E-mail Address		Telephone/Cell	F	ax		
Builders		Expiration Date	Worke	ers Comp Insurance	e Carrier or	
License #		·		n for exemption		
2. Project Description						
A. Type of Project:						
☐ Residential ☐	esidential Repair/Replacement NOTE: Residential fences					
ا مان مان مانا ا	□ Remodel INT or EXT (circle one) and sheds under 200 sf				00 sf	
□ Other	New Construction	m	must be applied for under			
	☐ Fence Location: ☐ Front ☐ Rear ☐ Side a zoning permit					
	(Commercial Only)					
	Demolition/Relocation (circle one)					
Work Description:						
3. Applicant/ Authorized Agent Information						
Applicant is responsible for the payment of all fees and charges applicable to the application and must provide Name			the following information.  Telephone			
Address		City		State	Zip Code	
I hereby certify that the propo	sed work is authorized by the owner of record and that I have been a	Lithorized by the owner to make	this ann	lication as his	/her	
authorized 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 125.1523a 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 structure. Violators of the						
Section 23a are subject to civil fines.						
Estimated Cost of Project: \$						
Signature of:  ☐ Owner ☐ Contractor ☐ Agen	ıt					
4. Payment Validation/Approval (for department use only)						
Permit Fee	arcel ID:	Zoning:				
Building Permit #	ash		Date			
	Signature					
Zoning Approval #			Date			
	Signature					
	1					

## **Plot Plan**



(Please show streets, all structures, easements, fences, gates, pavement, electrical lines and property lines)

