## **HAGAR TOWNSHIP**

3900 Riverside Road • P.O. Box 87 • Riverside, MI 49084 • Phone (269) 849-0455 • Fax (269) 849-2454 **BUILDING PERMIT APPLICATION ONLY** 

| Permit #  |                  |                        |                        |                   |              |                 | Date_                 |          |  |  |
|---|------------------|------------------------|------------------------|-------------------|--------------|-----------------|-----------------------|----------|--|--|
| Bldg. Insp. Ph. #   | PLAN C           | HK FEE \$              | 1                      | PERMIT FEE \$     |              |                 | Rec'd I               | ру       |  |  |
| Job Address   |                  |                        | N                      | New Const.        |              |                 | Extg.                 |          |  |  |
| Property Owner's Name   |                  |                        | *                      |                   | Prop. Code   |                 |                       |          |  |  |
| Address   |                  |                        | City                   |                   |              |                 | State                 |          |  |  |
| Applicant/Contractor  |                  |                        | <u></u>                |                   |              |                 |                       | l        |  |  |
| Address   |                  |                        | City                   |                   |              |                 |                       | State    |  |  |
| Res. Bldrs. Lic. #  | Exp. Date        | <u>l</u><br>Ph         |                        |                   | Ph. #        | #               |                       |          |  |  |
| ed. Emp. I.D. #   | Or Reason Not Re | Or Reason Not Req'd.   |                        |                   |              | ax #            |                       |          |  |  |
| Workman's Comp. Carrier   |                  |                        |                        | Or Re             | ason Not. Re | l<br>eq'd.      |                       |          |  |  |
| M.E.S.C. #  |                  | Or Reason Not Re       | eq'd.                  |                   |              |                 |                       |          |  |  |
| Class of Work: NEW  | Addition         | Alteration             |                        | Repair            |              | Move            |                       | Demo     | lish   |  |
| Describe work:  |                  |                        |                        |                   |              |                 |                       |          |  |  |
|   |                  |                        | ( all a                |                   | *            |                 |                       |          | The second secon |  |
| Architect   |                  | ddress                 |                        |                   | Valuation \$ |                 |                       |          |  |  |
| Type of Const.  |                  | Size of Bldg. (sq. ftg | te of Bldg. (sq. ftge) |                   |              | Height of Bldg. |                       |          |  |  |
| Plans checked by  | Approved for Is  | ssuance by             | 1                      | OTHER             | PERMITS RE   | Q'D.            | REQ                   | 'D       | DECID  |  |
| SPECIAL CONDITIONS  |                  |                        |                        | Zoning            |              |                 | HEQ                   | ע        | REC'D  |  |
|   |                  |                        |                        | Health Department |              |                 |                       |          |  |  |
|   |                  |                        |                        | Soil Ero          |              |                 | ****                  |          |  |  |
| y   |                  |                        |                        | Plumbing          |              |                 |                       |          |  |  |
|   |                  |                        |                        | Mechanical        |              |                 |                       |          | The state of   |  |
|   |                  |                        |                        | Electrica         | al           |                 |                       |          |  |  |
|   |                  |                        |                        | Other             |              |                 |                       |          |  |  |
| Section 23a of the state construction compiled Laws prohibits a person from work on a residential building more than \$500.00." | om conspiring    | to circumvent the      | licensii               | ng requi          | rements of   | this st         | ate relatir           | ng to pe | rsons who are  |  |
| Signature:  |                  |                        |                        |                   |              |                 | Date:_                |          |  |  |
|   |                  |                        |                        |                   |              |                 | and the second second |          |  |  |
|   | (Must be S       | Signed by ALL Applic   | cants)                 |                   |              |                 |                       |          |  |  |

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 adopted by Hagar Township and **shall not** be covered up or put into operation until it has been inspected and approved by the Building Inspector. I will co-operate with the Building Inspector and assume the responsibility to arrange for necessary inspections.

| Homeowner's Signature: | Date: |
|------------------------|-------|
|                        |       |