



117 West Main Street
 Parma, MI. 49269
 517-531-4785
 Fax: 517-531-5179

Application for Building Permit and Plan Examination

Authority: P.A. 230 of 1972 as amended Completion: Mandatory to obtain permit Penalty: Application must be completed, signed, proper fee enclosed or permit will not be issued.	The Department of Labor will not discriminate against any individual or group because of race, sex religion, age, national origin, color, marital status, handicap, or political beliefs.
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Applicant to complete all items in section I, II, III, IV, V, and VI
 Note: Separate applications must be made to the appropriate divisions for plumbing, mechanical and electrical work permits.

Address			
City/Village	Township	County	Zip Code
Between	And		
A. Owner or Lessee			
Name		Telephone No.	
Address	City	State	Zip Code
B. Architech or Engineer			
Name		Telephone No.	
Address	City	State	Zip Code
License Number		Expiration Date	
C. Contractor			
Name		Telephone No.	
Address	City	State	Zip Code
Builders License Number		Expiration Date	
Federal Employer ID number or Reason for Exemption			
Workers Comp Insurance Carrier or Reason for Exemption			
MESC Employer Number or Reason for Exemption			
A. Type of Improvement			
<input type="checkbox"/> 1. New Building <input type="checkbox"/> 2. Addition <input type="checkbox"/> 3. Alteration <input type="checkbox"/> 4. Repair <input type="checkbox"/> 5. Wrecking <input type="checkbox"/> 6. Mobile Home Set-Up <input type="checkbox"/> 7. Foundation Only <input type="checkbox"/> 8. Premanufacture <input type="checkbox"/> 9. Relocation <input type="checkbox"/> 10. New House <input type="checkbox"/> 11. New House/Garage <input type="checkbox"/> 12. BOCA <input type="checkbox"/> 13. HUD <input type="checkbox"/> 14. Double Wide <input type="checkbox"/> 15. Pole Barn <input type="checkbox"/> 16. Garage <input type="checkbox"/> 17. BOCA Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 18. Roof Repair <input type="checkbox"/> 19. Replacement Window <input type="checkbox"/> 20. Re-roofing <input type="checkbox"/> 21. In Ground Pool <input type="checkbox"/> 22. Above Ground Pool			
B. Review (s) to be performed			
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Energy
Total Cost of Improvement \$ _____			