

# Township of Clyde BUILDING PERMIT APPLICATION

**Applicant to Complete Numbered Spaces Only:**

Computer #	Date Received	Permit No.
Job Address 1		
Owner 2	Address	Phone
Contractor 3	Address	Phone
Class of Work 4 <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Moved <input type="checkbox"/> Demolition <input type="checkbox"/> Sign		
Use of Building 5		
Describe Work: 6		
Architect or Designer 7	Address	Phone
Engineer 8	Address	Phone
Change of Use From 9		
Change of Use to 10		
Valuation 11	Permit fee	
Material Schedule:	Studs	O.C.
Rafters	O.C.	C. Joists
F. Joists	O.C.	
Footings		
Application Accepted By		Plans Checked By
		Approved for Issuance by
<p style="text-align: center;"><b>NOTICE</b></p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p> <p>_____ Signature of Contractor or Authorized Agent (Date)</p> <p>_____ Signature of Owner (If Owner Builder) (Date)</p>		State of Michigan License # 12
		Federal I.D. # or Reason for Exemption 13
		M.E.S.C. Number or Reason for Exemption 14
		Workmen's Compension Policy or Reason for Exemption 15
		<p><b>PROPERTY OWNERS CERTIFICATE:</b></p> <p>I CERTIFY THAT THE WORK PROPOSED IS TO BE DONE BY MYSELF. THE WORK IS TO BE DONE ON MY PRINCIPAL RESIDENCE. I ASSUME ALL RESPONSIBILITY AND LIABILITY FOR SAID WORK.</p> <p>_____ Signature of Property Owner (Date)</p>
<b>WHEN PROPERLY VALIDATED (IN SPACE BELOW) THIS IS YOUR PERMIT</b>		

RECEIPT NO.

DATE ISSUED:

CASH

CHECK

White - Office; Canary - Assessor File; Pink - Applicant; Goldenrod - File