

# SHERIDAN TOWNSHIP

13355 29 Mile Road

Albion, Michigan

Telephone (517) 629-2604  
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## APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION RESIDENTIAL

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

### OWNER

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Location of Building: \_\_\_\_\_

### CONTRACTOR

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Builders License Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

MESC Employer Number \_\_\_\_\_ Federal Employer ID Number \_\_\_\_\_

Workers Comp Insurance Carrier \_\_\_\_\_

### ARCHITECT OR ENGINEER

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

### TYPE OF IMPROVEMENT

- New Building     Alteration     Wrecking     Foundation Only     Relocation  
 Addition     Repair     Mobile Home Setup     Premanufacture

### REVIEW(S) TO BE PERFORMED

- Building     Plumbing     Mechanical     Electrical     Energy

### WRECKING - LIST TYPE OF BUILDING AND REASON:

### CHARACTERICS OF BUILDING

Dimensions: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Floor Area: 1 St & 2 Nd \_\_\_\_\_ 3 Rd & Above \_\_\_\_\_ Total Area \_\_\_\_\_

Type of Frame:

- Masonry Wall     Wood Frame     Structural Steel     Reinforced Concrete     Other  
Bearing

Type Of Heating Fuel:     Gas     Oil     Electricity     Coal     Other

Type Of Sewage Disposal:     Public or Private Company     Septic System

Type Of Water Supply:     Public or Private Company     Private Well

Type Of Mechanical:    Air Conditioning     Yes     No

### APPLICANT:    Contractor

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS 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.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_