

SHERIDAN TOWNSHIP

13355 29 Mile Road

Albion, Michigan

Telephone (517) 629-2604
Fax (517) 629-8945

APPLICATION FOR MECHANICAL PERMIT 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: _____

10/01