



COMMUNITY DEVELOPMENT DEPARTMENT
 BUILDING PERMIT APPLICATION
 4243 REMEMBRANCE RD NW
 WALKER MI 49534
 O (616) 791-6858
 F (616) 791-6881
WWW.CI.WALKER.MI.US

1. LOCATION OF BUILDING

Job Site Address:

2. OWNER INFORMATION:

Name: Phone Number: Cell number: Fax number:

Address: City: State Zip Code

E-mail address:

3. CONTRACTOR INFORMATION:

Name: Phone Number: Cell number: Fax number:

Address: City: State Zip Code

E-mail address:

State License Number: Worker's Comp Insurance Carrier or Reason for exemption

Federal Employer ID No. or reason for exception MESC Employer Number or reason for exemption

"Section 23a of the State Constructions Codes Acts of 1972, Act No. 230 of Public Acts of 1972, being Section 125.152a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this State relating to persons who perform work on residential building or residential structure. Violators of Section 23a are subject to civil fines."

4. SUB-CONTRACTORS

NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL AND ELECTRICAL

ELECTRICAL CONTRACTOR NAME	ADDRESS
MECHANICAL CONTRACTOR NAME	ADDRESS
PLUMBING CONTRACTOR NAME	ADDRESS

A. RESIDENTIAL

ACCESSORY BUILDING ADDITION ALTERATION ATTACHED GARAGE DECK DEMOLITION
 DETACHED GARAGE MOBILE HOME NEW HOME SWIMMING POOL

5. PROJECT VALUATION(REQUIRED)

PROJECT VALUATION \$ _____ Resoluition adopting a revised and comprehensive Community Development Department Fee schedule and repealing resolutions 11-177, 12-226, 12-237, 15-353 and two resolutions without numbers approved in 2006 which prescribed certain building, plumbing, electrical, mechanical and zoning fee schedules.

6. APPLICANT INFORMATION

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

NAME	TELEPHONE NUMBER
ADDRESS	CITY
STATE	ZIP

7. CONTRACTOR/APPLICANT SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make the application as his authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this applicatin is accurate to the best of my knowledge.

SIGNATURE OF APPLICANT	APPLICATION DATE
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