

TWP. (269) 756-9801 • FAX 756-2209 THREE OAKS, MICHIGAN 49128

lg. Insp. Ph. #	PLAN CHK FEE \$			PERMIT FEE \$					Re <u>c'd by</u>		
o Address				Nev	v Con	nst.	Exto].			
operty Owner's Name					Pi	Prop. Code					
ddress				City				State	1		
oplicant/Contractor											
ddress				City				State			
es. Bldrs Lic. #			Exp. Date	!			Ph. #				
ed. Emp, I.D.			Or Reason	n Not Req'd,							
Vorkman's Comp. Carrier			1		(Or Reason Not Rea	η'd.				
1.E.S.C. #			Or Reason	n Not Req'd.							
Class of work NEV	V ADDIT	ION ALTER	ATION	REPAI	IR.	MOVE	DEI	MOLISH			
Describe work											
Architect			Address					tion of wo	ork		
		Sizo o	f Plda (°)				\$				
Type of Const Size of Plans Checked by Approved for			f Bldg (sq.ft)				Height of Bldg ER PERMITS	PERMITS REQ'D.			
•		Issuance by						_	REQ'D	REC'D	
SPECIAL CONDITIONS						Zonii	ng				
						Healt	h Dept.				
						Soil E	rosion				
						Plum	bing				
							nanical				
						Elect	rical				
						Othe	r				
ection 23a of the state construct son from conspiring to circumv acture Violators of section 23a a	ent the licensing are subject to ci	g requirements of t	his state re	lating to per	sons	who are to perfo	rm work on a	a resident			
							Date	-			
nature	(Must be	Signed by All Applicants)						•			

Homeowner's Signature: _