## **Building Permit Application for Jefferson Township**

24725 Jefferson Center St.

Cassopolis, MI 49031

269-445-3941

|   | <b>APPLICANT T</b>                          | O COMPLETE SEC              | TIONS 1, 2          | , AND       | 3 Property              | ID:        |                               |                   |  |
|---|---|-----------------------------|---------------------|-------------|-------------------------|------------|-------------------------------|-------------------|--|
| 1. Applicant I  | dentification                               |                             |                     |             | •                       |            |                               |                   |  |
| A. Job Add  | ress:                                       |                             |                     |             |                         |            |                               |                   |  |
| B. Occupar  | nt Name:                                    |                             |                     |             |                         |            |                               |                   |  |
| C. Owner N  | lame:                                       |                             | 7879442 742 22 74 2 |             |                         |            |                               |                   |  |
| Mailing Address   |   | ×                           |                     | City        |                         |            | State                         | Zip               |  |
| E-mail Address  |   |                             |                     | 1           | Telephone/Cell          |            |                               | 1                 |  |
|   |   |                             |                     |             |                         |            |                               |                   |  |
|   | or Name:                                    |                             |                     |             |                         |            |                               |                   |  |
| Mailing Address   |   |                             |                     | City        |                         |            | State                         | Zip               |  |
| E-mail Address  |   |                             |                     |             | Telephone/Cell          | Т          | Fax                           |                   |  |
| Builders  |   |                             |                     |             | ) 250 M                 |            |                               |                   |  |
| License #   |   |                             |                     | Expiration  | on Date                 |            | ers Comp Insurance<br>emption | Carrier or reason |  |
| 2. Project Des  | cription                                    |                             |                     |             |                         |            |                               |                   |  |
| A. Type of  |   |                             |                     | -           |                         |            |                               |                   |  |
| ☐ Residential ☐ Commercial  | i Repair/Replacement                        | C) Remodel INT or EXT       | (circle one)        | [] Fence L  |                         |            | lential fences                |                   |  |
| [] Industrial   | strial U Demolition/Relocation (circle one) |                             |                     |             |                         |            |                               |                   |  |
| 13 Other  |   |                             |                     |             |                         |            | 200 sf must b<br>oning permit | 50.50             |  |
| Morle Description   |   |                             |                     |             | 50,000, 50              | W0308608   |                               |                   |  |
| Work Description:   |   | <del> </del>                |                     |             |                         |            |                               |                   |  |
| 3. Applicant/ A   | uthorized Agen                              | Information                 |                     |             |                         | 1/2        |                               |                   |  |
| Applicant is responsib  | ole for the payment of                      | all fees and charges ap     | policable to the    | applicat    | tion and must provide   | e the fol  | lowing inform                 | nation            |  |
| Name  |   |                             |                     | - приност   | tion and mast provide   | Teleph     |                               | iation.           |  |
| Address   |   |                             |                     | City        |                         |            | State                         | 7in Code          |  |
|   |   |                             |                     |             |                         |            |                               | Zip Code          |  |
| I hereby certify that the propo                                     | sed work is authorized b                    | y the owner of record and   | that I have bee     | n authoriz  | zed by the owner to ma  | ke this ap | pplication as his             | /her              |  |
| authorized agent, and we agre knowledge.                            |   |                             |                     |             |                         |            |                               |                   |  |
| Section 23a of the State Consti                                     | ruction Code Act of 1972                    | , act no. 230 of the Public | Acts of 1972, be    | ing Section | on 125.1523a of the Mic | higan Co   | mpiled Laws, p                | rohibits a        |  |
| person from conspiring to circu<br>Section 23a are subject to civil | fines.                                      | uirements of this state rel | ating to persons    | who are     | to perform work on a re | esidential | structure. Vio                | lators of the     |  |
| Estimated Cost of Pr  | oject: \$                                   |                             |                     |             |                         |            |                               |                   |  |
| Signature of:   |   |                             |                     |             |                         |            |                               |                   |  |
| Owner C Contractor CAgent   | <u> </u>                                    |                             |                     |             |                         |            |                               |                   |  |
|   | idation/Approv                              | al (for departme            | nt use only         | )           |                         |            |                               |                   |  |
| Permit Fee<br>\$  |   | Plan review fee             |                     | Metho       | od of payment 🛛         | Cash       | ☐ Check                       |                   |  |
| Building Approval   | Signature                                   |                             |                     |             |                         | Date       |                               |                   |  |
|   |   |                             |                     |             |                         |            |                               |                   |  |
| Zoning Approval   | Signature                                   |                             |                     |             |                         | -          |                               |                   |  |
| -omig Approval  | Jigirature                                  |                             |                     |             |                         | Date       |                               |                   |  |
|   |   |                             |                     |             |                         |            |                               |                   |  |
|   |   |                             |                     |             |                         |            |                               |                   |  |

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