

Homeowner's Signature:\_

## City of New Buffalo Building Department

224 WEST BUFFALO STREET • NEW BUFFALO, MICHIGAN 49117 269-469-7144• FAX 269-469-7917

| ermit #  |                 | . В          | UILDIN        | G PE     | RMIT AP              | PLIC       | ATIO  | ON ON      | LY                 |                             |       | Date |          |       |
|--|-----------------|--------------|---------------|----------|----------------------|------------|-------|------------|--------------------|-----------------------------|-------|------|----------|-------|
| ldg. Insp. Ph. #   | PLAN CHK FEE \$ |              |               |          | PERMIT FEE \$        |            |       |            |                    | Rec'd by                    |       |      |          |       |
| ob Address   | ddress          |              |               |          |                      | New Const. |       |            |                    |                             | Extg. |      |          |       |
| roperty Owner's Name   |                 |              |               |          |                      |            |       | Prop. Co   | ode                | <b>]</b>                    |       |      |          |       |
| ddress   |                 |              |               |          |                      | City       |       |            |                    |                             | S     | tate | Zip      |       |
| pplicant/Contractor  |                 |              |               |          |                      |            |       |            |                    |                             |       |      |          |       |
| ddress   |                 |              |               |          |                      | City       |       |            |                    |                             | Т с   | tata | 1 7in    |       |
| uuress   |                 |              |               |          |                      | City       |       |            |                    |                             | 8     | tate | Zip      |       |
| es. Bldrs. Lic. #  |                 |              |               |          | Exp. Date            |            |       |            |                    | Ph                          | 1. #  |      | •        |       |
| ed. Emp. I.D.  |                 |              |               |          | Or Reason Not Req'd. |            |       |            |                    |                             |       |      |          |       |
| Norkman's Comp. Carrier  |                 |              |               |          | Or Reason Not Req'd. |            |       |            |                    |                             |       |      |          |       |
| M.E.S.C. #   |                 |              |               |          | Or Reason Not Reg'd. |            |       |            |                    |                             |       |      |          |       |
|  |                 |              |               |          |                      |            |       |            |                    |                             |       |      |          |       |
| Class of work  | NEW             |              | Addition      |          | Alteration           | ı          |       | Repair     |                    | Move                        |       |      | Demolish |       |
| Architect  Type of Const. Size of  |                 |              |               |          | Address              |            |       |            |                    | Valuation of work           |       |      |          |       |
|  |                 |              |               |          |                      |            |       |            |                    | _   \$                      |       |      |          |       |
| Plans Checked by Approved for Issuance by  |                 |              |               |          |                      |            |       |            |                    | nt of Bldg.<br>RMITS REQ'D. |       |      |          |       |
| SPECIAL CONDITIONS   | /               |              | -             |          |                      | /          | /     |            |                    |                             |       |      | REQ'D    | REC'D |
| SPECIAL CONDITIONS   |                 |              |               |          |                      |            |       |            | Z <u>c</u>         | ning                        |       |      |          |       |
|  |                 |              |               |          |                      |            |       |            | H <u>e</u>         | ealth Dep                   | t.    |      |          |       |
|  |                 |              |               |          |                      |            |       |            | Sc                 | oil Erosio                  | n     |      |          |       |
|  |                 |              |               |          |                      |            | PI    | Plumbing   |                    |                             |       |      |          |       |
|  |                 |              |               |          |                      |            |       |            | М                  | echanica                    |       |      |          |       |
|  |                 |              |               |          |                      |            |       |            | EĪ                 | ectrical                    |       |      |          |       |
|  |                 |              |               |          |                      |            |       |            | <u></u> 0 <u>1</u> | her                         |       |      |          |       |
|  |                 |              |               |          |                      |            |       |            |                    |                             |       |      |          |       |
| Section 23a of the state constru-<br>om conspiring to circumvent the<br>iolators of section 23a are subj | he licensin     | g requiren   | nents of this | s state  | relating to p        | ersons     | who a | are to per |                    |                             |       |      |          |       |
|  |                 |              |               |          |                      |            |       |            |                    |                             |       | Date | :        |       |
| ignature:  |                 | (Must be Sig | ned by All A  | lioon+o\ |                      |            |       |            |                    |                             |       |      |          |       |