

# OTSEGO COUNTY BUILDING & SAFETY DEPARTMENT

1066 CROSS STREET GAYLORD, MICHIGAN 49735

989-731-7400 FAX=989-731-7419

**SETTING OF THE HOME ONLY:** BUILDING PERMIT NUMBER \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_

SECTION \_\_\_\_\_ T \_\_\_\_\_ N R \_\_\_\_\_ W \_\_\_\_\_

OWNER NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

OWNER PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_

BUILDING CONTRACTOR NAME (IF APPLICABLE) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL \_\_\_\_\_

SETTING CONTRACTOR NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL \_\_\_\_\_

CONTRACTOR'S LICENSE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

FEDERAL ID# \_\_\_\_\_ MESC# \_\_\_\_\_

WORKMAN'S COMP# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

LIABILITY INSURANCE# \_\_\_\_\_ EXP DATE \_\_\_\_\_

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. I UNDERSTAND I AM RESPONSIBLE TO CALL FOR INSPECTIONS BEFORE POURING ANY FOOTINGS/FOUNDATIONS.

SECTION 23a OF THE STATE CONSTRUCTION CODE ACT OF 1972, ACT NO. 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125.1523a OF THE MICHIGAN COMPILED LAWS, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THIS STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.

I HAVE READ THE ABOVE AND UNDERSTAND IT.

SIGNATURE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT NAME AND RELATIONSHIP

\_\_\_\_\_