

APPLICATION FOR BUILDING PERMIT

CITY OF CASEVILLE 989-856-6061
 CASEVILLE TOWNSHIP 989-856-3053
6767 MAIN STREET, CASEVILLE, MI 48725
TERRY KELLY, BUILDING INSPECTOR
tk@cityofcaseville.com

PERMIT # _____

OWNER _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTRACTOR _____ PHONE _____

ADDRESS _____ MI LICENSE # _____

EMAIL _____

PROJECT ADDRESS _____

PROJECT TYPE NEW ___ ADDITION ___ ALTERATION ___ RE-ROOF ___ DEMOLITION ___

DESCRIPTION:

TOTAL SQ. FT. _____ VALUATION _____ FEE _____

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I further certify that I am the owner of the owner's authorized agent and that the proposed work is authorized by the owner. I understand that work shall not begin until the permit is issued by this department, that I am responsible for all required inspections, that work shall be accessible for inspection, that a final inspection, approval and Certificate of Occupancy are required prior to occupying this building. Fees are non-refundable, except when the permit and construction are cancelled before work begins, in which case the applicant may apply for a partial refund in accordance with the refund policy. This permit application is only for the work described above. Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced.

APPLICANT NAME _____ SIGNATURE _____

DATE _____