APPLICATION FOR RESIDENTIAL PROJECT PERMIT

CITY OF SALINE, 100 N. Harris St., Saline MI 48176-1642, 734-429-8296 ext 2223, Fax: 734-429-5280

PERMIT USED FOR: RESIDENTIAL STRUCTURES- NEW CONSTRUCTION, REMODELING, ADDITONS, ROOFING, WINDOWS, SIDING, SUNROOMS, ETC.

Owner's Name:		Application Date:	
Telephone Number:		Alternate Phone Number:	
Property Owner's Address:		_	
City:	State:	_	Zip:
Site Address Where Wor	k Is To Be Performed	d (If different from abov	<u>ve):</u>
Address (Location of work):		_	Unit #
City:	State:		Zip:
Contractor's Company Name:			
Contractor's Company Addres			
City:			
Telephone Number:		Fax Number:	
Name of Contractor's Person M	Naking the Applicati	ion:	
Telephone Number:	Alte	rnate Phone Number:	
City:	State:		Zip:
State License No.:		Expiration Date:	
Architect or Engineer:			
Architect or Engineer Address:			
City:	State:		Zip:
Telephone Number:		Fax Number:	
Describe In Detail All Work To Be	e Done (Include Co	nstruction Drawings ar	nd a Site Plan)
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Owner/Contractor Estimated V	alue of Proiect, Incl	udina Labor & Materia	ls: \$
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Section 23a of the State Constr person from conspiring to circu who are to perform work on a r are subjected to civil fines.	mvent the licensing	requirements of this st	ate relating to persons
Signature of Owner/Contractor Print name:	:	Date	e: