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**CITY OF PORTLAND
BUILDING PERMIT APPLICATION**

Date: _____

Parcel ID 34-300 _____

Permit Number: _____

Type of Construction

- Alteration
 Demolition
 New Building
 Remodel
 Repair/Replace
 Other _____

Residential

- New Build
 Addition
 Garage
 Pole Barn
 Shed

- Pool
 Deck/Porch
 Covered Porch
 Reroof
 Mobile Home

Commercial/Industrial

- Building
 Remodel
 Addition
 Sign
 Foundation

Building Site Address: _____

City _____ Zip Code _____ Lot # _____

Owner/Lessee Name: _____ **Contact Number:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Architect or Engineer: _____ **Contact Number:** _____

Address: _____ **City:** _____ **Zip Code:** _____

License Number: _____ **Expiration Date:** _____

E-Mail: _____

Contractor: _____ **Contact Number:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Builders License Number: _____ **Expiration Date:** _____

Federal Employee ID Number (or reason for exemption): _____

Workers Comp Insurance Carrier (or reason for exemption): _____

MESC Employee Number (or reason for exemption): _____

E-Mail: _____

Description of Work: _____

Dimensions

Number of Stories: _____ Floor Area 1st & 2nd Floor: _____ Sq. Ft.
Basement – Finished: _____ Sq. Ft. Basement – Unfinished: _____ Sq. Ft.
Garage: _____ Sq Ft. Porches & Decks: _____ Sq. Ft.

Cost

Value of Construction: _____ (Total value less the cost of land)

****Permit will not be processed without the value of construction****

Electrical: _____ (Separate application must be completed)

Plumbing: _____ (Separate application must be completed)

Mechanical: _____ (Separate application must be completed)

Proposed Use of Building

Residential (if this application is for demolition, please show the most recent use)

- Single Family
- Two/Multiple Family _____ Number of Units
- Hotel/Motel _____ Number of Units

Non-Residential (if this application is for demolition, please show the most recent use)

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Church/Religious | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Retail Store | <input type="checkbox"/> Service Station | <input type="checkbox"/> Hospital/Institution |
| <input type="checkbox"/> Office/Bank/Professional | <input type="checkbox"/> School/Library | <input type="checkbox"/> Parking Garage |
| <input type="checkbox"/> Underground Storage Tank | <input type="checkbox"/> Cell Tower | <input type="checkbox"/> Other _____ |

Building Characteristics

Frame: Masonry Wood Structural Steel
 Reinforced Concrete Other

Principal Type of Heating Fuel: Gas Oil Electricity Other

Sewage Disposal: Public Septic System

Water Supply: Public Private Well

Type of Mechanical: Air Conditioning Elevator Fire Suppression

I do hereby swear and warrant that all statements made by me in this application are correct to the best of my knowledge and that, in consideration of the granting of this permit, the granters shall be held harmless from any and all damages.

I hereby agree to construct said work in all respects in compliance with the Statutes of the State of Michigan and the Ordinances of the City of Portland.

I hereby agree to locate this building on the lot so that it will conform to all Zoning and Building regulations.

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/her 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.

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 residential structure. Violators of Section 23a are subject to civil fines.

Applicant Signature: _____

Owner Contractor Authorized Agent

Date: _____