Buildi	ng Permit App	olication fo	r the Vil	lage of E	Edwards	burg	
26296 US 12				Edwardsbu	ırg, MI 491	12	
269-663-8484  APPLICANT TO COMPLETE SECTIONS 1,2, AND 3 Property ID:							
	Identification		. ,				
Job Addre							
Occupant	Name:						
Owner Na							
Mailing Address:			City:		State:	Zip:	
Email Address:			Telephon/Cell:				
Contractor	· Name:						
Mailing Address:			City: State:			Zip:	
Email Address:	Telephon/Cell:						
Builders License#	Expiration Da	Date: Workers Comp Insurace		Insurace Carri	race Carrier or resason for Exemption		
2 Project De	scription	<u> </u>		1			
Type of Pr	oject:						
Residential Repair/Replace			Rem	nodel		NOTE: Residential Fences	
Comercial	INT		or EXT			and Sheds under 200 sf must be applied for under	
Industrial	(Commercial Only)		Fence Location		n:	a zoning permit	
Other Demolition or Rel		Relocation	Front	Rear	Side		
Work Description:							
Applicatnt	/Authorized Agent	Ingormation					
Applicatnt is responsible for	or the payment of all fee	es and charges appl	icable to the a	pplicaiton and	must provide	e the folling information.	
Name:			Telephone				
Address:			City:	1	State:	Zip:	
I hereby certify that the propo his/her authorized agent, and accurate to the best of my kno	we agree to conform to all						
Section 23a of the State Const				_		- · ·	
prohibits a person from conspi structure. Violators of the Sec		- ·	rthis state relatif	ng to persons w	no are to preto	rm work on a residential	
Esimated cost of proj							
Signature of:							
Owner Contractor	Agent						
Payment \	/alidation/Approva	l (for departme	ent use only	)			
Permit Fee:	Plan revi	Plan review fee:			Method of payment		
				Ca	Cash Check		
Building Approval				Date:			
Zoning Approval			Date:				