## **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:
E-Mail Address:		
Site Address Where Work Is To Be Performed (If different	from above):	
Address (Location of work):		Unit #
City:	State:	Zip:
Contractor's Company Name:		
Contractor's Company Address:		
City:		
E-Mail Address:		
Telephone Number:	Fax Number:	
Name of Contractor's Person Making the Application:		
Telephone Number:	Alternate Phone Number:	
City:	State:	Zip:
State License No.:	Expi	ration Date:
Architect or Engineer:		
Architect or Engineer Address:		
City:		
E-Mail Address:		
Telephone Number:	Fax Number:	
Describe In Detail All Work To Be Done (Include Constru	ction Drawings and a Sit	te Plan)
Owner/Contractor Estimated Value of Project, Including	g Labor & Materials: \$	
Include copy of contract or contractor proposal.		
Section 23a of the State Construction Code Act of 1972 from conspiring to circumvent the licensing requiremen perform work on a residential building or a residential str civil fines.	ts of this state relating to	persons who are to

Signature of Owner/Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Print name:\_\_\_\_\_