## CASCO TOWNSHIP BUILDING PERMIT APPLICATION 7104 107<sup>th</sup> Ave.,South Haven, MI 49090(Ph.-269/637-4441;Fax- 269/639-1991)

	D. 1.0			1 CIMIL #	
LOCATION OF BUILD Address:	OING:			Zoning I	District:
	ction:Permanent Pa	rcel #:0302-		L	ot Size <u>:</u>
OWNER OR LESSEE:		m 1 1			
Name:		Telepho	ne:		
Address: ARCHITECT OR ENGI	Cit	y:	State:	Zip:	
	Telephon	e:	Fax #:	Licer	se #:
	Cit	y:	State:	Zip:	
CONTRACTOR:	T-11		D "		"
Name:	Telephon	e:	Fax #:	Licen	se #:
Address:	City	/:	State:	Zip:	
Employee I. D. # or reason fo	exemption:				
Workman Comp Insurance C	arrier or reason for exemption:		*		
MESC Employer# or reason TYPE OF IMPROVEM	for exemption:ENT:				
New Building: Addi	ion: Alteration:	Repair:	Demolitic	on:	Moving:
Single Wide: Doub	le Wide: Modular:	Pole Building	:Founda	ntion:	Other:
Other(Specify):  Sewage Disposal: Private	or More-# of Units: Water Supply: Private	e Dimer	nsions: Width_	Length	Area:
Public	Public		Height_	# of St	ories:
VALUE OF IMPROVE		PERMIT I		IEDO A ED	ТАУЛТ
( Sec. 23A of the State Construction Acts of 1972, being Sec. 125.1523A of	is authorized by the owner of the owner to make this application to conform to all applicable laws of is accurate to the best of my knowledg Code Act of 1972, Act 230 of the Publi of the Michigan Compiled Laws, prohib the licensing requirements of this stat work on a residential building or	myself in my o All work shall be e. enclosed or cover c Official. I will ass its	wn single family dwo	bed on this perm elling in which I with all applicat en inspected and	it application shall be done by am living or are about to occup de codes and shall not be approved by the Building
Signed:		Signed:	w		
Date:		Date:			
Checklist: Sewage Permit	DEQ Permit: Ro	oad Comm:			Well Permit_
Site Plan:	Plan Review:Zoning:	Energy Cod	e:Lan	d Split:	Earth Change:
Damarka:					
Remarks: Feb 2014	(Provide site plan on rev	erse side or on sepa	rate sheet)		19 S. 18
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