	Mailing Address:	Jurisdictio	ns: Make Chec	ks Payable to Township o				
	NCIS, LLC	☐ Dayto	on Township	☐ Garfield Township	□Cit	y of Newa	ygo	
5	PO Box 333 White Cloud, MI 4	9349 □ Evere	tt Township	☐ Lincoln Township	□ Cit	y of White	Cloud	
M	Phone 231-224-3960 Fax 88			☐ Sheridan Township				
	Permit Fee: \$		Use Group:	1	. .			
				LDING OR MOBILE H				
				plan review can be obtained.				
LOCATIO	ON OF BUILDIN	NCEW	Receipt No:	Pe	rmit No:			
Job Locau	Number	Direction (circle one)	Stree	Town	siiip/City	•		
Nearest Cr	coss Street	Cross Street	_ Parcel No:	62 May Be Required to Identify Proper Parce	el!	Section:		
Is the abov	e property <u>lakefro</u>	ont? Yes No	<u>Within</u>	May Be Required to Identify Proper Parce 500 feet of a river, lake	or drain?	Yes	No	
APPLICA	NT							
Applicant:					NLY	APPRO	OVAL	
PO Box/St	uite No/Bldg. Nam	ne:		Permits Required:	Elec	Mech	Plumb	
Street Add	lress:							
Project Na	me:				No	o. of Inspe	ctions	
	IMPROVEMEN							
1. [_] New Building 2. [_] Addition 3. [_] Alteration 4. [_] Repair, replacement 5. [_] Demolition 6. [_] Moving 7. [_] Foundation Only 8. [_] Change of Use from to to								
				Other				
				eck all that apply & incl				
1. [_] One family <u>or</u> 2. [_] Two family x , x 3. [_] 2nd Floor/Loft sf. 4. [_] Basement x , x 5. [_] Basement Finished x , x								
6. [] Deck x , x 7. [_] Porch x , x , x								
8. [_] Garage: Attached? [_] yes [_] no Type: [_] Conventional [_] Pole x , x								
9. [_] Carport x 10. [_] Roof System x 11. [_] Other Specify								
12. [_] Modular 13. [_] Single Wide Mobile Home 14. [_] Double Wide Mobile Home								
S1ze	_ x Make	e/Model		Year Serial	No			
		dential and Mu	•					
				urant A-2 3. [_] Chur		_		
4. [] Business, Office, Bank B 5. [] Educational, School, Library E 6. [] Factory, Industrial F-1&2								
7. [_] High Hazard H-1-5 8. [_] Institutional, Jail, Hospital I-1-4 9. [_] Mercantile, Store M 11. [_] Multi-Family, Hotel, Motel R-1 12. [_] Multi-Family, Dorms, Apartments R-2								
	• •			ers \mathbf{U} 15. [_] Other Sp				
	ED BUILDING C	_	-		<u> </u>			
				Total Sq. I	Et Basem	 nent		
-	drooms No		No. of Stories			o. of Unit		
COSTS O	F IMPROVEME	NTS	COMMENTS	<u> </u>				
	ilding \$.00		•				
	ectrical \$.00						
Plu	ımbing \$.00						
Me	echanical \$.00						

.00

TOTAL

Address:	Township/	Township/City:			
REQUIRED PERMITS AND CLEARA	ANCES (refer to hand-out fo	or additional information)			
1. TOWNSHIP/CITY ZONING OFFICIA [_] Required - Contact:		(must return a copy with this application) Telephone:			
2. DRAIN COMMISSIONER - Soil Erosi	ion Permit				
[_] Required - Contact: Mon Fri. 7:00		Telephone: (231) 689-7213			
3. HEALTH DEPARTMENT - Sewage T [_] Required - Contact: Mon Fri. 8:00					
4-MICHIGAN DEPARTMENT OF NATE [_] Required - Contact: Mon Fri. 8:00-					
5. STATE DOT/COUNTY ROAD COMM [_] Required - Contact: Mon Fri. 8:00-	•	Telephone: (231) 689-6682			
IDENTIFICATION					
OWNER OR LESSEE: Name: Address: City: Signature:	Telephone: State: _	Fax Zip Code:			
ARCHITECT OR ENGINEER: Name: _					
Address:	Telephone:	Fax			
City:Signature:	State: _	Zip Code: Expir. Date:			
LICENSED CONTRACTOR: Name:		Bldg Dept ID No.			
Address:City:	Telephone:	Fax			
Signature: Worker's Disability Insurance Carrier (or referred Employer Identification No. (or real Michigan Employment Security Commissions)	License No:eason for exemption):eason for exemption):eason for exemption):eason for exemption):eason for exemption):	Expir. Date:			
Note: Section 23a of the state construction code the Michigan Compiled Laws prohibits a perso to persons who are to perform work on a reside to civil fines.	n from conspiring to circumvent	the licensing requirements of this state relating			
APPLICANT AFFIDAVIT					
I hereby certify that the proposed work is a the owner to make this application as his a jurisdiction.					
Signature of Applicant	t Date	Driver's License/Fed ID No.			