BUILDING PERMIT APPLICATION
CITY OF MELVINDALE BUILDING DEPARTMENT
3100 OAKWOOD, MELVINDALE, MICHIGAN 48122
(313) 429-1060

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JOB LOCATION: _____

CONTRACTOR:

Name_____

Address_____

City/Zip_____

Phone_____

Builder's License No. _____

HOMEOWNER/BUILDING OWNER:

Name_____

Address_____

City/Zip_____

Phone_____

Type of Improvement

____ New Building

____ Addition

____ Alteration

____ Repair, replacement

____ Wrecking

____ Foundation only

____ Other

Proposed Use

Residential

____ One family

____ Two or more family

____ Garage

____ Hotel or motel

____ Other (specify)

_____

Non-residential (describe in detail use of building(s)

_____

_____

_____

Ownership

____ Private (individual, corporation nonprofit institution, etc.)

____ Public (Federal, State, or local government)

Cost (omit cents)

Cost of Improvement _____

To be installed but not included in the above cost

a. Electrical _____

b. Plumbing _____

c. Heating, air conditioning _____

d. Other (elevator, etc.) _____

TOTAL COST OF IMPROVEMENT _____

Describe proposed work. (Include measurements and/or a drawing if applicable.)

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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant **Application Date**

DO NOT WRITE BELOW THIS LINE

Validation

Building Permit Issued

Date

Approved by:

Title