

Lake Township Application for Building Permit

P.O. BOX 429

4922 W. KINDE ROAD, CASEVILLE, MICHIGAN 48725-0429

PHONE 989-856-4867 FAX 989-856-9710

www.laketownship.net

Project Address _____

Parcel _____ Lot _____ Subdivision _____

_____ Zone _____ Flood Zone _____

Owner _____ Phone _____

Address _____

Contractor _____ Phone _____

Address _____

Project Type New Addition Alteration Re-roof Demolition

Proposed Use _____

Work Description _____

Total Square Ft. _____ Valuation \$ _____ Fee _____

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I further certify that I am the owner or the owner's authorized agent and that the proposed work is authorized by the owner. I understand that work shall not begin until the permit is issued by this department, that I am responsible for all required inspections, that work shall be accessible for inspection, that a final inspection, approval and Certificate of Occupancy are required prior to occupying this building. Fees are non-refundable, except when the permit and construction are cancelled before work begins, in which case the applicant may apply for a partial refund in accordance with the refund policy. This permit application is only for the work described above. Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced.

Applicant _____ Signature _____

Address _____ Phone _____

Amount Paid _____ Date _____ Received by _____