Township of Clyde
BUILDING PERMIT APPLICATION

Applicant to Complete Numbered Spaces Only:

Computer #	Date Received	Permit No.
Job Address 1		
Owner 2	Address	Phone
Contractor 3	Address	Phone
Class of Work 4 ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Moved ☐ Demolition ☐ Sign		
Use of Builiding 5		
Describe Work: 6		
Architect or Designer 7	Address	Phone
Engineer 8	Address	Phone
Change of Use From 9		
Change of Use to 10		
Valuation 11		Permit fee

Material Schedule: Studs		O.C.
Rafters	O.C. C. Joists	O.C.
F. Joists	O.C.	
Footings		

Application Accepted By	Plans Checked By	Approved for Issuance by

State of Michigan License #
12

Federal I.D. # or Reason for Exemption
13

M.E.S.C. Number or Reason for Exemption
14

Workmen's Compension Policy or Reason for Exemption
15

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION 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. THE GRANTING OR A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Contractor or Authorized Agent (Date)

Signature of Owner (If Owner Builder) (Date)

PROPERTY OWNERS CERTIFICATE:

I CERTIFY THAT THE WORK PROPOSED IS TO BE DONE BY MYSELF. THE WORK IS TO BE DONE ON MY PRINICPAL RESIDENCE. I ASSUME ALL RESPONSIBILITY AND LIABILITY FOR SAID WORK.

Signature of Property Owner (Date)

WHEN PROPERLY VALIDATED (IN SPA CE BELOW) THIS IS YOUR PERMIT

RECEIPT NO. DATE ISSUED: CASH ☐ CHECK ☐

White - Office; **Canary** - Assessor File: **Pink** - Applicant; **Goldenrod** - File