## APPLICATION FOR SPARTA TOWNSHIP DEMOLITION PERMIT

160 E. Division St., Sparta MI 49345 Phone: (616)887-8863 Fax: (616)887-3823 www.spartatownship.org

ELECTRICAL INSPPLUMBING INSPMECHANICAL INDICATIONJim ThoringtonDavid CooleyDavid Cooley616-255-6502616-447-0878616-447-0878 BUILDING INSPECTOR MECHANICAL INSP Casey Patterson 616-887-8863 616-447-0878 Mon 3:00pm to 4:30pm Tues 8-10am & 2-4pm PERMIT # BUILDING SITE ADDRESS: \_\_\_\_\_\_ PP # 41-05-\_\_\_-BETWEEN WHAT CROSS STREETS: \_\_\_\_\_ AND \_\_\_\_ APPLICANT/CONTRACTOR: ADDRESS: \_\_\_\_\_ PHONE: ZIP: OWNER'S NAME IF DIFFERENT THAN ABOVE: ADDRESS: **BUILDING INFORMATION** LOT SIZE: \_\_\_\_\_ SQUARE FOOT OF BUILDING: \_\_\_\_ BUILDING DIMENSIONS: FT WIDE BY FT LONG FT HIGH ESTIMATED COST: \$\_\_\_\_\_ TYPE OF BUILDING: \_\_\_ (house, garage, pole bldg, etc) TYPE OF FOUNDATION: Fees are determined as follows: \$40.00 Base fee -

Applicant is response provide the following		Il fees and charges applicable to this application and n	nust
		Phone #	_
Name			
		Fax #	_
Address			
		Cell #	
authorized by the ov	wner to make this applicance State of Michigan. All	horized by the owner of record and that I have been tion as his authorized agent, and we agree to conform information submitted on this application is accurate to	
being Section circumvent	on 125.1523a of the Mich the licensing requirement	n Code Act of 1972, Act No. 230 of the Public Acts of rigan Compiled Laws, prohibits a person from conspirits of this state relating to persons who are to perform structure. Violators of Section 23a are subject to civil	ng to vork on
Signature of Applica	ant	Application Date	
Loc Environmental cor		y to complete this section below  Approved	
Zoning Soil Erosion Flood Zone Water Supply Septic System Variance Granted Other			
Building Permit #		Approved by:	
Permit Fee		Signature	
		Title	

## SPARTA TOWNSHIP BUILDING DEPARTMENT

## **AFFIDAVIT**

In compliance with P.A. 383 of 1965 (Residential Builders, Maintenance and Alteration Contractors Law), and amendment of Section 16A, By P.A. 153 of 1967.

STATE C	OF MICHIGAN			
COUNTY	OF KENT			
l,	(Name)	(Address)		
	(City, State, Zip)	(Phone#)		
	xecute this affidavit for the attached mption for a license number as presont.			
By signin	g this statement, I assume the follow	ing responsibilities:		
2. 3. 4.	The work regulated by this permit must meet zoning and building code regulations. If a violation exists, the <b>Holder of the Permit</b> must improve it to acceptable standards.  All insurance liability is assumed by the <b>Permit Holder</b> .  The responsibility for injury to workers also falls on the Permit Holder as homeowner's policies <b>Do Not</b> normally cover worker's compensation claims. All electrical, mechanical and plumbing work done under the attached permit will be done personally by me.  The construction work covered by this permit will be for my own use or occupancy and will be located on property owned by me.			
	Sign	ed		