



BUILDING PERMIT APPLICATION

CITY OF MADISON HEIGHTS
COMMUNITY DEVELOPMENT DEPARTMENT
300 WEST THIRTEEN MILE ROAD
MADISON HEIGHTS, MI 48071
(248) 583-0831 FAX (248) 588-4143
www.madison-heights.org

PERMIT # _____

ISSUED BY: _____



JOB LOCATION

STREET ADDRESS: _____

PROPERTY TAX ID # 44 - 25 - - -

ZONING: _____

PROPERTY OWNER

NAME: _____

ADDRESS: _____

PHONE # _____

DRIVERS LICENSE NUMBER: _____

D.O.B. _____

APPLICANT INFORMATION

INDICATE WHO THE APPLICANT IS: CONTRACTOR HOME OWNER ARCHITECT

NAME OF APPLICANT: _____

DRIVERS LICENSE NUMBER: _____ D.O.B. _____

ADDRESS: (STREET NO. & NAME) _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (INCLUDE AREA CODE) _____ CELL PHONE (INCLUDE AREA CODE) _____

FAX (INCLUDE AREA CODE) _____

EMAIL ADDRESS: _____ (REQUIRED TO RECEIVE NOTICE OF REPAIR)

STATE LICENSE NUMBER _____

EXPIRATION DATE: _____

NAME OF LIABILITY INSURANCE COMPANY: _____

MESC # _____

FEDERAL ID # _____

TYPE OF JOB

NEW CONSTRUCTION ADDITION DEMOLITION FOUNDATION ONLY GARAGE ALTERATION REPAIR

TYPE OF STRUCTURE

RESIDENTIAL - SINGLE FAMILY RESIDENTIAL - MULTI FAMILY NO. OF UNITS _____ GARAGE

COMMERCIAL INDUSTRIAL OTHER

SCOPE OF PROJECT

STRIP AND RE-ROOF PORCH SIDING/TRIM GUTTERS ADDITION/DORMER

RE-ROOF ONLY (2 LAYERS MAX) DUMPSTER ENCLOSURE ABOVE GROUND POOL DECK

WINDOWS - # _____ OTHER _____

----- OVER -----

