



# 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 -----

