

Joint Construction Code Authority

Proudly serving the needs of Deerfield Township, Fremont Township,
Rolland Township

APPLICATION FOR PLAN REVIEW & BUILDING PERMIT

APPLICATION DATE:	PERMIT TYPE: (CHECK ALL REQUESTED) BUILDING <input type="checkbox"/> REHAB <input type="checkbox"/> DEMO <input type="checkbox"/> SIGN <input type="checkbox"/> OTHER: _____	IS OWNER THE APPLICANT? YES <input type="checkbox"/> NO <input type="checkbox"/>
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PROPERTY INFORMATION

ADDRESS:	PARCEL TYPE/USE: RESIDENTIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> OTHER: _____ LOCAL ZONING JURISDICTION: DEERFIELD TOWNSHIP <input type="checkbox"/> FREMONT TOWNSHIP <input type="checkbox"/> ROLLAND TWP. (ISABELLA CNTY) <input type="checkbox"/>
CITY:	
PARCEL #:	
LEGAL DESCRIPTION:	

PARCEL OWNER INFORMATION

OWNER INFORMATION	DAYTIME PHONE
MAILING ADDRESS	CITY, STATE, ZIP
EMAIL ADDRESS:	

CONTRACTOR INFORMATION

BUSINESS NAME	BUILDERS LICENSE #	PHONE #
MAILING ADDRESS	CITY, STATE ZIP	
WORKERS COMP. CARRIER	MESC EMPLOYER #	
ARCHITECT/ENGINEER	LICENSE #	PHONE #
MAILING ADDRESS	CITY, STATE ZIP	

CERTIFICATION

I hereby certify that I am the owner of recorded of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his or her agent and I agree to conform to all applicable laws of this jurisdiction. In addition, I certify that the code officials or representatives shall have the authority to enter area covered by such permits at any reasonable hour to enforce the provisions of the code(s) applicable to such permits.

Name of Applicant	Signature	Date
Responsible Party in Charge of Work	Title	Phone #