

## Newaygo County Building Department

Use Group Type Cons	t P
Permit Fee: \$	Phon
Contact office for permit fee	APPLICAT

P.O. Box 885, 306 South North Street White Cloud, MI 49349 ne (231) 689-7216 FAX (231) 689-7219

Office Hours: Monday - Thursday 8:00 a.m. - 12:00 p.m. 1:00 p.m. – 4:00 p.m.

Please Print Check	x No Recei	pt No	Date:
LOCATION OF BUILDING:			
Job Location:		N S E W	Township/City:
Between:	and		Section:
Mobile Home Park Name:			No: <u>62-</u>
. •	park, name of park & lo	•	
Is the above property <b>lakefront?</b> Ye	es No Within 50	<b><u>0 feet</u> of a river, l</b>	ake or drain? Yes No
APPLICANT: Name:			
PO Box/Suite No/Bldg. Name:			Official Use Only
Street Address:			Approved:
City:			Date:
City: Zip:		<del></del>	No. of Inspections:
Demolition: ( ) Residen	ntial Bldg ( ) Com	 nmercial Bldg	
. ,	<u> </u>		
TOWNSHIP/CITY ZONING OFFI	[CIAL -Zoning Permit/C]	learance (If room	ired must provide a copy)
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[_] Required - Contact:		<u> </u>	Telephone:
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Compiled Laws prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

<b>UTILITY DISCONNECT AFFIDAVI</b>	Γ Affidavit must be signed before demolition permit will be issued	
I hereby attest that all utilities will have been disconnected and that all appurtenant equipment has been removed or		
sealed in a safe manner. Signature of A	pplicant: Date:	