

Township of Leslie

4279 Oak – Box 577

Leslie, MI 49251

517-589-8201 (fax 517-589-0010)

MECHANICAL PERMIT APPLICATION

Date Issued: _____

Parcel #33-14-14-_____ Building Permit # _____

COMPLETE ALL APPLICABLE SECTIONS: INCOMPLETE APPLICATIONS WILL BE RETURNED

New	Remodel	Residential	Commercial	Industrial	Ag.	FEE	TOTAL
						160.	
						110.	
						110.	
						65.	
						65.	
						65.	
						65.	
List Work To Be Done						Number	

Property Owner _____ Daytime Phone Number _____

Exact Location of Work Site and Nearest Crossroad _____

Contractor's Name **and** Business Name: (Please Print) _____

Contractor's Signature _____

Contractor's Address _____ City _____ State _____ Zip _____

Contractor's Telephone Number _____ Fax Number _____

License Number _____ Expiration Date _____

Federal Employer ID# Or Reason For Exemption _____

Workers Comp Ins. Carrier _____ MESCS Employer # Or Reason For Exemption _____

SECTION 23A of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being section 125.1523a of the Michigan 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 sections 23A are subject to civil fines.

HOMEOWNER AFFIDAVIT: I hereby certify the mechanical work described on this permit shall be completed by myself, in my single family dwelling in which I am living or about to occupy. All work shall be done in accordance with the State of Michigan Mechanical Code and will not be enclosed, covered, or used until it has been inspected and approved by the Mechanical Inspector.

HOMEOWNER' SIGNATURE _____

NOTE: Permit void after one (1) year from date of issuance unless first inspection has been passed.

FOR INSPECTIONS TELEPHONE REX SIMONS: 517-676-6408

White / Gold – Inspector Green – Home Owner Yellow – Office Pink – Treasurer