



City of Troy  
 500 W Big Beaver Rd, Troy MI 48084  
 248-524-3344  
 buildinginspection@troymi.gov

### BUILDING PERMIT APPLICATION

NAME OF HOMEOWNER		COST OF CONSTRUCTION	
STREET ADDRESS AND JOB LOCATION (Street Number and Name)	NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		Oakland County
		Troy Michigan	

WHO IS THE APPLICANT		CONTRACTOR BUSINESS NAME OR HOMEOWNER NAME (ONLY IF APPLICANT IS HOMEOWNER)	CONTRACTOR LICENSE NUMBER	EXPIRATION DATE
Contractor	Homeowner			
ADDRESS (Street Number and Name)		CITY	STATE	ZIP CODE
TELEPHONE NUMBER (Include area code)		EMAIL ADDRESS:		
WORKERS COMPENSATION INSURANCE CARRIER (or reason for exemption)		FEDERAL EMPLOYER ID NUMBER (OR REASON FOR EXEMPTION)		

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523a, 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. I, \_\_\_\_\_ (name), \_\_\_\_\_ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, and proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2)

<b>SIGNATURE OF CONTRACTOR OR HOMEOWNER (Homeowner's signature indicates compliance with Section VI. Homeowner Affidavit)</b>  x	DATE
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I hereby certify the building work described on this permit application shall be installed **by myself in my own home** in which I am living or about to occupy. All work shall be installed in accordance with the Michigan Residential Building Code and **shall not be enclosed, covered up, or put into operation** until it has been **inspected** and **approved** by the Cities Building Inspector. I will cooperate with the Cities Building Inspector and assume the responsibility to arrange for necessary inspections.

**Please give a description of work:**

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APPROVED BY:  Plan Commission  
 Board of Zoning Appeals  
 City Council

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

PLAN ANALYST COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL STIPULATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_