# CITY OF WYANDOTTE Department of Engineering & Building Permit #: 3200 Biddle Ave., Ste. 200 (734) 324-4551

## **Application for Alterations**

Suilding Located At:	
	Address:
Phone #:	
Owner's Name:	Address:
Owner's Phone #:	
Email Address:	
STATE CLEARLY THE NA	ATURE OF THE PROPOSED WORK:
s this Permit to correct cited violations 🗌 Yes	□ No If Yes, date of violations
Window(s): No of windows to be re	eplaced
Strip and ReroofHouse Garag	ge Shed
Residing (including gutters and downsp	outs) House Garage Shed
Outside Basement Waterproofing ONL	Y
City Sidewalks: feet of City Side	walks to be replaced
Additional Information	

conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a

updated 01/21/2021

W/bldgapp.doc

residential structure. Violators of section 23a are subjected to civil fines.

Signature of Applicant



LOCATION:

#### CITY OF WYANDOTTE, MICHIGAN

### Department of Engineering & Building

Gregory J. Mayhew, P.E. City Engineer

#### Affidavit for Building, Sidewalk, Approaches, and Curb Cut Permits

work himself/herself in accordance with the provisions	g he/she applies for and secures a permit, pay the fee, does the of the codes and rules of the City of Wyandotte, applies for ne appropriate inspection authority. Failure to comply with these ation.
installation of the work mentioned in the permit. I furt	esponsibility of a licensed contractor for the construction and/or her agree that I shall neither hire any other person for the ract to any other person, firm, or corporation any portion of the pove premises.
I agree to request inspection as required by City Ordina construction and/or installation exposed until the Depa construction and/or installation as being in compliance	artment of Engineering and Building has accepted the
I certify that I will perform the work under the requirer	ments of the above rules governing homeowner's permits.
I further agree to correct all violations and will provide p.m., Monday through Friday for necessary inspections	access to the premises between the hours of 9:00 a.m. to 5:00 s.
Owner (Signature)	Present Address
Print Name	City, State, Zip Code
Phone No	Email Address:
Subscribed and sworn to me before this	
, day of,,	
Notary Public, State of Michigan, County of Wayne My Commission Expires: Acting in the County of	
If you have any questions regarding the work, please o	onsult the Inspector prior to beginning work

3200 Biddle Avenue, Suite 200, Wyandotte, MI 48192\*734-324-4551 \*Fax 734-556-3179 \*email: engineering1@wyandottemi.gov

W:Owner's Affidavit.doc

If other problems arise, please contact the Engineering Office Supervisor at (734) 324-4551. .

City of Wyandotte
Department of Engineering and Building Contractor License Registration
Wyandotte, Michigan 48192
(734) 324-4551

Engineering1@wyan.org

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CONTRACTOR INFORMATION	
Name:	Phone:
Address:	Fax:
E-mail Address:	
Contractor's License #:	Exp. Date:
Federal Employer ID Number or Reason for Exemption:	
Workers' Comp. Insurance Carrier or Reason for Exemption:	
MESC Employer Number or Reason for Exemption:	
Section 23a of the state construction code act of 1972, 1972 P. conspiring to circumvent the licensing requirements of this stat residential building or a residential structure. Violators of Sect	e relating to persons who are to perform work on a
Date: Authorized	Signature:
The following individuals are also authorized to secu	re permits for the above named company:
Registration Fee: \$45.00 (Registration exp	pires when license expires.)
Copies of current license, driver's license a	nd insurance to be attached.
Receipt/Check #	

updated: 05/22/14