

## CONTRACTOR REGISTRATION FORM BIG RAPIDS CHARTER TOWNSHIP

14212 Northland Drive  
Big Rapids, MI 49307  
Phone: 231-796-3603 Fax: 231-796-2533  
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The registration of your license or licenses must be on file before Big Rapids Charter Township can issue permits. It is necessary to enclose a copy of your current State License with your application. No application will be processed without this copy.

**STATE OF MICHIGAN LAW, PUBLIC ACT 135 OF 1985 ENROLLED HOUSE BILL # 4006, EFFECTIVE OCTOBER 1, 1989**, requires the following additional information on the below form to be written on every residential permit and kept on file at the local jurisdiction. Please fill out completely.

### CONTRACTOR INFORMATION

#### Business / Contractor's Name

**Business Name:** \_\_\_\_\_ **Applicants Name:** \_\_\_\_\_

|         |      |       |          |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
|---------|------|-------|----------|

### PHONE NUMBERS

|                |              |            |
|----------------|--------------|------------|
| Business Phone | Business Fax | Cell Phone |
|----------------|--------------|------------|

| License Type                         | Licensee | State License No. | Expiration Date |
|--------------------------------------|----------|-------------------|-----------------|
| <input type="checkbox"/> Builder     | _____    | _____             | _____           |
| <input type="checkbox"/> Electrician | _____    | _____             | _____           |
| Master                               | _____    | _____             | _____           |
| <input type="checkbox"/> Plumber     | _____    | _____             | _____           |
| Master                               | _____    | _____             | _____           |
| <input type="checkbox"/> Mechanical  | _____    | _____             | _____           |
| Master                               | _____    | _____             | _____           |
| <input type="checkbox"/> Other _____ | _____    | _____             | _____           |

### ATTACH A COPY OF YOUR LICENSE

**EMPLOYER ID NUMBER (FEDERAL):** \_\_\_\_\_

**MICHIGAN EMPLOYMENT SECURITY COMMISSION NO.** \_\_\_\_\_

**WORKERS DISABILITY INSURANCE \* ATTACH A COPY OF INSURANCE CERTIFICATE\***

|                    |                |                         |
|--------------------|----------------|-------------------------|
| Insurance Carrier: | Policy Number: | Policy Expiration Date: |
|                    |                |                         |

### SUB CONTRACTORS

**Please indicate those that apply:**

- Electrical \_\_\_\_\_
- Mechanical \_\_\_\_\_
- Plumbing \_\_\_\_\_

**PERMITS ARE GOOD FOR A PERIOD OF 1 YEAR. IF WORK IS NOT STARTED WITHIN 6 MONTHS FROM THE DATE THE PERMIT IS ISSUED, OR DISCONTINUED FOR ANY 6 MONTH PERIOD, SAID PERMIT BECOMES NULL AND VOID.**

### APPLICANT / NON HOMEOWNER SIGNATURE

I hereby certify that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his authorized agent, and agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge

**APPLICANT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**A COPY OF YOUR LICENSE MUST BE ENCLOSED IN ORDER FOR REGISTRATION TO BE PROCESSED**