

CONTRACTOR REGISTRATION FORM BIG RAPIDS CHARTER TOWNSHIP

14212 Northland Drive - Big Rapids, MI 49307
Phone: 231-796-3603 Fax: 231-796-2533

www.bigrapidstowshipmi.gov office@bigrapidstowshipmi.gov

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 Name: _____

Applicant's Name: _____

Address _____	City _____	State _____	Zip Code _____
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PHONE NUMBERS

Business Phone _____	Business Fax _____	Cell Phone _____
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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: _____
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SUBCONTRACTORS

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** _____

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