



APPLICATION FOR MISCELLANEOUS PERMIT

APPLICATION NO.: MP **LOC:** BS 0408

PLEASE COMPLETE THE FOLLOWING INFORMATION

JOB ADDRESS: _____ **UNIT NO.:** _____

WORK DESCRIPTION:

TENANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER'S NAME: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER/BUILDER: YES _____ NO _____
PHONE (____) _____ **Ext.** _____

ADDRESS: _____

APPLICANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____

PHONE (____) _____ **Ext.** _____

CONTRACTOR: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

LIC. NO.: _____ **CLASS:** _____

ADDRESS: _____

PHONE (____) _____ **Ext.** _____

ARCH/ENG: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

LIC. NO.: _____ **CLASS:** _____

ADDRESS: _____

PHONE (____) _____ **Ext.** _____

VALUATION (LABOR & MATERIALS): \$ _____

BUILDINGS ON LOT: _____

NO. OF STORIES: _____

PROJECT SIZE (SQ. FT.): _____

CONSTRUCTION TYPE(S): _____

OCCUPANCY GROUP(S): _____