CROCKERY TOWNSHIP

Application for Registration of Contractor's License

All contractors are required to register their license. A registration fee will be charged according to the Fee Schedule.

This registration form sh	nould be read, signed, and	returned with payment to	o:			
Consider Tarreshire			FEE :	FEE SCHEDULE		
Crockery Township			BUIL	.DING	\$ 0.00	
17431 112 th Avenue			ELEC	ELECTRICAL \$15.0		
Nunica, MI 49448			MEC	MECHANICAL \$15.00		
Type: (check one)			PLUI	MBING	\$15.00	
Type: (check one) Building				Plumbing		
	Liectrical	iviechanicai	FIGITIO	ııığ		
Business Name:				Business Phone	:	
Courtrantos Novos				Fa		
Contractor Name:				Fax:		
Address:				Mobile Phone:		
	equired by Act 135, Public Acts o			_	ıctures.	
License No.:		Exp	oiration Date	2:		
Federal Employer ID Nu	mhor or					
Reason for Exemption:	ilber of					
Reason for Exemption.						
Worker's Comp Insuran	ee Carrier or					
Reason for Exemption:						
MESC Employer Numbe	r or					
Reason for Exemption:						
	truction Code Act of 1972, Act N		_		-	
	n conspiring to circumvent the lic ential structure. Violators of Sec			persons who are t	to perform work on a	
residential building of a resid	ential structure. Violators of Sec	ction 23a are subject to civil fine	25.			
Applicant Signature			 te			
This contractor /homeon	war) is aware of the faller	wing Crackon, Township r	o autiro mont			
	wner) is aware of the follow		-	S:		
1. A copy of the contractor's license must accompany this registration.						
2. Only registered licensed contractors can obtain permits.						
3. A permit is required prior to commencement of work.						
No work shall be covered or concealed without inspection and approval.						
5. Contractor's are responsible for arranging their own inspections through the township.						
6. Final Inspections and Certificate of Occupancy, as applicable are required for all projects before						
·	pancy occurs.					
7. This registration can be revoked by Crockery Township at any time, if code or ordinance violations						
are no	ot corrected within 30 days	s of notification.				

Application accepted by:_____ Date:_____ Payment type:_____