CITY OF HARPER WOODS
19617 HARPER
PHONE # 313 343 2526 FAX #313 642 6825

APPLICATION FOR BUILDING PERMIT

DATE FILED _____

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A BUILDING PERMIT TO:

ERECT MOVE ALTER REPAIR

A _____**STORY** _____ **ON THE** _____ **SIDE OF** _____

BETWEEN _____ **AND** _____ **HOUSE #** _____

LOT # _____ **SUBDIVISION**_____

IN ACCORDANCE WITH THE ACCOMPANYING PLANS AND SUBJECT TO ORDINANCES, RULE AND REGULATIONS COVERING THE CONSTRUCTION OF ALL BUILDINGS WITHIN THE LIMITS OF THE CITY OF HARPER WOODS

BUILDER _____ **LICENSE #** _____

SIZE OF BUILDING _____ **SIZE OF LOT** _____

FOUNDATION: KIND _____ **SIZE** _____ **ROOF** _____

FLOOR JOIST SIZE _____ **CEILING JOIST SIZE** _____ **RAFTERS** _____

BASEMENT WALL: KIND _____ **SIZE** _____ **SIDING** _____

HEATING TYPE _____

_____
Applicant (Print name)

INSPECTOR USE ONLY

_____
Signature of Applicant

Approved: _____

_____
Date: _____ **Address**

Valuation: _____

_____
City State Zip

License Fee: _____ ----------

Total Fee: _____ **Phone Number**