

SPENCER TOWNSHIP
14960 MEDDLER ROAD
GOWEN, MI 49326

PHONE: 616-984-0035
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ROOFING PERMIT APPLICATION OR SIDING PERMIT APPLICATION
(Please Circle One)

APPLICANT: _____ PHONE: _____

APPLICANT ADDRESS: _____

LOCATION ADDRESS/PARCEL #: _____

: 41-04- - - -

*CONTRACTOR: _____ PHONE: _____

CONTRACTOR ADDRESS: _____

RESIDENTIAL -- SINGLE FAMILY OR DUPLEX (Circle One) SINGLE STORY OR TWO STORY (Circle One)

ROOFING INFORMATION:

MATERIALS: _____

TOTAL SQUARES: _____ ROOF PITCH: _____ STORIES: _____

ESTIMATED COST OF PROJECT: \$ _____

SIDING INFORMATION:

MATERIALS: _____

SQUARES: _____

ESTIMATED COST OF PROJECT: \$ _____

INSPECTOR DOES NOT HAVE LADDERS - CONTRACTOR LADDER SET REQUIRED

***CURRENT CONTRACTOR LICENSE REQUIRED**

I CERTIFY THAT ALL INFORMATION LISTED HEREIN IS ACCURATE, TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT ANY MISREPRESENTATION OF FACTS ON THIS APPLICATION MAY RESULT IN THE SUSPENSION OR REVOCATION OF ANY PERMIT ISSUED, OR THE DENIAL OF THE ISSUANCE OF A PERMIT.

PRINT NAME: _____

APPLICANT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

BUILDING OFFICIAL SIGNATURE: _____ DATE: _____

Application Approved: Yes No Comment: _____

PERMIT FEE: \$ 200.00
- Limited to 2 Inspections

TOTAL FEE PAID: \$ _____

Check # _____ Cash _____

DATE RECEIVED: _____