

	<p align="center"><b>City of Sylvan Lake</b>          4200 Telegraph Rd          P.O. Box 489          Bloomfield Hills, MI 48303          Phone (248) 433-7715 Fax: 433-7729          Inspection Line (248) 594-2818          www.sylvanlake.org</p>
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Permit # \_\_\_\_\_

Issue Date \_\_\_\_\_

**APPLICATION FOR PERMIT**

**ELECTRIC**

**PLUMBING**

**SEWER**

Address of job \_\_\_\_\_

Lot # \_\_\_\_\_ Sub. \_\_\_\_\_ Section \_\_\_\_\_

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

New Building  Addition  Remodeling  Repairs  Replacement  Other \_\_\_\_\_

Electrical: Plans are required for all buildings using over six (6) circuits before a permit is issued for electrical work.

Mechanical: A/C condenser and/or generator location . Zoning Permit Required (Must provide copy of approval with this application)

Mech. Equipment Type  Hydronic  Forced Air  Boiler Number of units \_\_\_\_\_

Mechanical classifications 1 2 3 4 5 6 7 8 9 10

Last Name and Company Name of Electrical Contractor wiring equipment \_\_\_\_\_

Remarks \_\_\_\_\_

Zoning Board of Appeals required for work being performed ? **YES / NO** Date granted: \_\_\_\_\_

**STATE OF MICHIGAN REQUIRED INFORMATION:**

License Number \_\_\_\_\_ Issued by \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Employer ID number or reason for exemption \_\_\_\_\_

Workers Comp Insurance Carrier or reason for exemption \_\_\_\_\_

MESC Employer number or reason for exemption \_\_\_\_\_

“Section 23a of the State Construction Code Act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subjected to civil fines.”

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_