



**Building Permit Application**  
 All applicable information must be provided.  
 For alterations, additions, and new buildings

City of Port Huron  
 100 McMorran Blvd  
 Port Huron, MI 48060  
 Phone: (810) 984-9733  
 www.porthuron.org

<b>PROJECT ADDRESS:</b>		
Owner Name:	Owner Address:	
City:	State:	Zip:
Telephone Number (include area code):	Email:	

**Contractor Information**

Business Name:	Address:	
City:	State:	Zip:
Telephone Number (include area code):	Cell Phone Number (include area code):	
Email Address:		
Federal ID:	Driver's license Number:	
Licensee Name:	MESC Employer Number or Exemption Reason:	
State License Number:	Expiration Date:	

**Description of work** *(Separate permits are required for electrical, plumbing, and Heating/Ventilating/Air Conditioning. Drawings should be provided in as much detailed as possible).*

**Total Job Value:** \$ \_\_\_\_\_      **Zoning Designation:** \_\_\_\_\_      **Historic District:** Yes / No

**Applicant Certification**

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as hi/her authorized agent, and we agree to conform to all applicable ordinances and laws of the City of Port Huron and the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

**Signature of applicant:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Building Inspector:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Inspector Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Permit Fee:** \$ \_\_\_\_\_      **Payment:** Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

**Received by:** \_\_\_\_\_      **Date received:** \_\_\_\_\_      **Property ID #: 74-06-** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_