



# Building Permit Application For Roofing, Siding, Decks, Windows

All applicable information must be provided.

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

<b>Job Location Address:</b> _____	<b>Property ID #: 74-06-</b> _____ - _____ - _____
Zoning District: _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential

### Identification – Owner or Lessee

Name	Address	
City	State	Zip
Telephone Number (include area code)	Email	

### Contractor

Name	Address	
City	State	Zip
Telephone Number (include area code)	Email	
Federal Employer ID Number		
Builders License Number	Expiration Date	
Insurance Carrier	MESC Employer Number	

### Type of Improvement and Fee

<input type="checkbox"/> Roofing – strip & reroof		
<input type="checkbox"/> Siding		
<input type="checkbox"/> Decks		
<input type="checkbox"/> Replacement Windows		<b>Estimated Construction Value: \$</b> _____

### Description of area where roofing / siding / windows(s) are being installed or deck is being built.

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 his/her authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

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

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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

<b>Payment:</b> Cash ___ Check _____ Credit Card _____	<b>Receipt Number:</b> _____
<b>Permit Number:</b> PB _____ -- _____	<b>Processed By:</b> _____