



## BUILDING

\* NOTE: PLEASE PROVIDE A COPY OF YOUR  
LIABILITY INSURANCE AND STATE LICENSE

### THE CITY OF MUSKEGON HEIGHTS CONTRACTOR'S LICENSE APPLICATION

DATE: \_\_\_\_\_

COMPANY/FIRM NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

TELEPHONE # ( ) \_\_\_\_\_

OWNER(S) \_\_\_\_\_ ADDRESS \_\_\_\_\_

STATE LICENSE # \_\_\_\_\_ FEDERAL ID# \_\_\_\_\_

LIABILITY INSURANCE COMPANY NAME \_\_\_\_\_

#### PERSON AUTHORIZED TO SIGN PERMIT APPLICATIONS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

BUILDING REGISTRATION FEE \$25.00

THIS APPLICATION WILL EXPIRE IN ONE (1) YEAR FROM THE ABOVE  
DATE.