

**CITY OF HUDSON
BUILDING/ZONING PERMIT APPLICATION**

DATE: _____ APPLICATION NO: _____

OWNER'S NAME: _____ FEE: \$ _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PHONE NUMBER: () _____

JOB SITE ADDRESS: _____

CONTRACTOR'S NAME: _____

ADDRESS: _____ CITY: _____

PHONE NUMBER: () _____ STATE: _____ ZIP: _____

BUILDER'S LICENSE NUMBER: _____ EXPIRATION DATE: _____

LIABILITY INSURANCE POLICY NUMBER: _____

DESCRIPTION OF WORK: _____

ESTIMATED VALUATION OF ALTERATIONS OR IMPROVEMENTS: \$ _____

The City reserves the right to require architectural or residential stamped blueprints for any proposed building.

FOR QUESTIONS, PLEASE CALL:
HILLSDALE COUNTY INSPECTION &
ENVIRONMENTAL SERVICES DEPARTMENT
33 McCOLLUM ST. 517-437-4130
HILLSDALE, MI 49242 FAX 517-437-3233
Hours: Monday - Friday 8:30-Noon / 1:00-4:00 P.M.

DISTRICT: _____

PROPOSED LOT:
AREA: _____ WIDTH: _____ COVERAGE OF BUILDING: _____

PROPOSED SETBACKS:
FRONT: _____ LEFT SIDE: _____ RIGHT SIDE: _____
REAR: _____

BUILDING HEIGHT: _____ DIMENSIONS OF BUILDING: _____

(OVER)

Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

I/We hereby certify that the proposed work is authorized by the owner of recorded property and that I have been authorized by the owner to make this application as his/her authorized agent. I/We do hereby agree to comply with all Ordinances and regulations of the City of Hudson, Michigan, and any other agencies or Governmental units which may be involved. All the information on this application is true to the best of my/our knowledge and I/We understand if proved otherwise, this application can become invalid and can be grounds for legal action.

APPLICANT

DATE

DATE RECEIVED

OFFICE USE ONLY

This application meets all zoning requirements for City of Hudson. YES _____ NO _____

Comments: _____

CODE ENFORCEMENT OFFICER

DATE

BUILDING

COMMENTS:

Building permit may be issued for this application. YES _____ NO _____

**Permit Holder
Shall Call For All
Required Inspections**

BUILDING INSPECTOR

DATE