



**Annual Registration Form
Building Contractor**
All applicable information must be provided.

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

Applicant 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 No	

Workers Compensation

Carrier	Policy No.
Issued	Expires
MESC No. (or reason for exemption)	

License Information - please present your state license to permit clerk

Contractor Type	State License No	Expiration Date
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Permits will only be issued to the contractor applying for a permit or their qualifying licensee when authorized in writing on company letterhead by the contractor. It is the contractor's responsibility to notify this office in writing on company letterhead if they no longer authorize their qualifying licensee to apply for permits.

A current Certificate of Liability in regard to Worker's Compensation must be provided to us, by your insurance company. Only if you are self-employed, this requirement does not apply.

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** _____

Payment: Cash _____ Check _____ Credit Card _____

Received by: _____ **Date received:** _____