



**Building Permit Application
For Roofing, Siding, 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

Job Location Address: _____	Property ID #: 74-06- _____ - _____ - _____
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	

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

Roof
 Siding
 Windows

Total Job Value: \$ _____ Permit Fee: \$ _____ Zoning Designation: _____ Historic District: <u>Yes / No</u>

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: _____

Payment: Cash ___ Check _____ Credit Card ___ Receipt Number: _____
Permit Number: PB _____ -- _____ Processed By: _____