

BEDFORD TOWNSHIP REROOFING PERMIT APPLICATION

8100 Jackman Road, Temperance, MI 48182

PHONE: 734-224-7330

FAX: 734-847-3653

PERMIT NUMBER: 	DATE: 	COST OF ROOF:
OWNER: 	ADDRESS: 	PHONE NUMBER:
CONTRACTOR: 	ADDRESS: 	PHONE NUMBER: FAX NUMBER:
LICENSE NUMBER: _____	MESC NUMBER: _____	FEDERAL ID NUMBER: _____
LICENSE EXPIRATION DATE: _____	W/C NUMBER: _____	

USE OF BUILDING:	_____ RESIDENTIAL	_____ OTHER
TYPE OF WORK:	_____ RECOVERING	_____ REPLACING

I hereby certify that I have read and examined this Registration and know the same to be true and correct. All the provisions of the laws and ordinances governing this type of work will be complied with whether specified herein or not. The Registration does not presume to give authority to cancel the provisions of any other state or local law regulating construction or the performance of construction.

My signature below indicates I have read and understand the fee schedule.

Contractor or Owner's Signature: _____

BEDFORD TOWNSHIP WILL PERFORM A FINAL INSPECTION UPON REQUEST OF THE CONTRACTOR, BUT DOES NOT MAKE ANY WARRANTIES AS TO THE QUALITY OF THE MATERIALS OR WORKMANSHIP.

FEE (\$100) RECEIVED: \$ _____

DATE

BEDFORD TOWNSHIP