

BRIDGEPORT CHARTER TOWNSHIP

Building & Codes Department
 6206 Dixie Highway
 Bridgeport, MI 48722
 989-777-0940 Fax: 989-777-4802

PERMIT VIOLATION FORM

Work started before obtaining the proper permit will result in fines of \$100 for each trade in addition to the cost of each permit required.

- Plumbing
 Mechanical
 Electrical
 Building
 Zoning

I. Job Location

| | |
|--|---|
| NAME OF OWNER/AGENT | HAS A BUILDING PERMIT BEEN OBTAINED FOR THIS PROJECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required |
| STREET ADDRESS AND JOB LOCATION (Street Number and Name) | Township of Bridgeport |

II. Contractor/ Homeowner Information

| | | | |
|--|-------|---|---|
| THE APPLICANT IS: <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner | NAME | STATE LICENSE NUMBER | EXP. DATE |
| ADDRESS (Street Number and Name) | | FEDERAL ID NUMBER (Or reason for exemption) | |
| CITY | STATE | ZIP | MESC EMPLOYER NUMBER (Or reason for exemption) |
| TELEPHONE | FAX | CELL | WORKERS COMP INS. CARRIER (Or reason for exemption) |

III. Type of Job

| | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Single Family <input type="checkbox"/> New | <input type="checkbox"/> Sewer Only <input type="checkbox"/> Water Service Only | <input type="checkbox"/> Premanufactured Home Setup (State Approved) | <input type="checkbox"/> State Owned |
| <input type="checkbox"/> Other <input type="checkbox"/> Alteration | <input type="checkbox"/> Special Inspection | <input type="checkbox"/> Manufactured Home Setup (HUD Mobile Home) | <input type="checkbox"/> School |

| | |
|--------------------------------------|---------------|
| SIGNATURE OF CONTRACTOR OR HOMEOWNER | DATE |
| Driver's License Number | Date of Birth |



This must be paid in addition to any permits required to avoid any further legal action and fines.

| # of Violations | Price/ea. | Total |
|-----------------|-----------|-------|
| | \$100 | |

- Cash Check #

FOR OFFICE USE ONLY!

| | | |
|--|-------------------------|-------|
| Date & Time of Offense | Officer | Title |
| Type of Work Being Done | | |
| <input type="checkbox"/> Complaint <input type="checkbox"/> Drive-by <input type="checkbox"/> Seen at other inspection | | |
| Date Notified: | Method of Notification: | |