



**Administration Building**

**319 Tittabawassee, Saginaw, Michigan 48604 (989) 755-0931**

**Fence Permit**

<b>OWNER OR LESSEE</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	PHONE # (    )
<b>CONTRACTOR</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	PHONE # (    )
BUILDERS LICENSE #		EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			

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