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Authority: 1972 PA 230  
 Completion: Mandatory to obtain permit  
 Penalty: Application must be completed, signed,  
 and proper fee paid, or permit will not be issued

## ANNUAL PERMIT APPLICATION

ELECTRICAL \_\_\_\_\_ MECHANICAL \_\_\_\_\_ PLUMBING \_\_\_\_\_

|   |                  |
|---|------------------|
| <b>Permit #</b>   |                  |
| <b>Project Information</b>  |                  |
| Address:  | Township:        |
| Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor   |                  |
| <b>Identification</b>   |                  |
| A. Owner/Lessee   |                  |
| Name:   | Telephone:       |
| Address: (if different from above)  |                  |
| B. Contractor <b>**Be sure to include your contact information**</b>  |                  |
| Name/Company:   | Telephone:       |
| Address:  | Email:           |
| License #   | Expiration Date: |
| Federal Employer ID (or reason for exemption):  |                  |
| Workers Compensation Insurance (or reason for exemption):   |                  |
| <b>Type of Job</b>  |                  |
| <input type="checkbox"/> Alterations <input type="checkbox"/> Service Only <input type="checkbox"/> Special Inspection <input type="checkbox"/> Other   |                  |
| <b>Description of Work</b>  |                  |
| Please provide a brief description of the work: _____   |                  |
| _____   |                  |
| _____   |                  |
| <b>IMPORTANT NOTICE TO APPLICANT: THE PERSON TO WHOM AN ANNUAL PERMIT IS ISSUED SHALL KEEP A DETAILED RECORD OF ALTERATIONS MADE UNDER AN ANNUAL PERMIT. ACCESS TO THE RECORDS SHALL BE PROVIDED AT ALL TIMES AND THE RECORDS SHALL BE FILED WITH THE ENFORCING AGENCY.</b> |                  |
| <b>Plan Review</b>  |                  |
| Is a plan review required? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                  |
| <b>APPLICATION FEE (NON-REFUNDABLE): \$150.00</b>   |                  |
| <b>** Inspections are NOT included in the Application Fee – Please complete the proper fee schedule**</b>   |                  |
| <b>Applicant Signature</b>  |                  |
| _____ Date _____  |                  |