

FEE:
\$15.00
per License per term
or any portion
thereof

SCMCCI
South Central Michigan Construction Code Inspection
113 S Capitol Ave, PO Box 509, Athens MI 49011
Toll Free: 888-249-7077 Fax: 269-729-5359

Reg # _____
 Recept# _____
 Ck/Cash _____
 Date _____

THIS REGISTRATION IS TO ASSURE THAT YOUR COMPANY HAS THE PROPER LICENSE(S), I.E. RESIDENTIAL BUILDER/MAINTENANCE & ALTERATION, MASTER/CONTRACTOR PLUMBER, MASTER/CONTRACTOR ELECTRICAL, OR MECHANICAL CONTRACTOR, WITHIN YOUR EMPLOY. THESE LICENSES MUST HAVE YOUR COMPANY NAME LISTED ON THEM ON ORDER TO OBTAIN PERMITS FOR YOUR BUSINESS.

You MUST complete this form and **RETURN IT WITH A COPY OF THE REQUIRED LICENSE(S), LIABILITY INSURANCE CERTIFICATE (in the name of SCMCCI), AND THE APPROPRIATE FEE.** Make checks payable to SCMCCI and mail to the above address.

BUSINESS NAME: _____

FED ID# _____ WORKERS COMP# _____ MESC# _____

ADDRESS: _____

No. Street Name City State Zip

PHONE: () _____ FAX: () _____ CELL#: _____

OWNER'S NAME: _____

Printed Signature

DRIVERS LICENSE#: _____ DOB: _____

The following license(s) are the legal licenses associated with this business and are to be used in order for this business to obtain permits for construction/installation.

_____ RESIDENTIAL BUILDER LIC# _____ EXPIRES _____

_____ MAINTENANCE/ALTERATION LIC# _____ EXPIRES _____

- CATAGORIES: _____ House wrecking _____ Insulation work _____ Masonry
 _____ Painting & decorating _____ Roofing _____ Screen/Sash Install
 _____ Siding/Gutters _____ Swimming pool install _____ Tile/Marble work
 _____ Waterproofing a basement

Licensee printed name Licensee Signature

ELECTRICAL CONTR LIC#: _____ EXP: _____ MASTER LIC#: _____ EXP: _____

Licensee printed name Licensee Signature

PLUMBING CONTR LIC#: _____ EXP: _____ MASTER LIC#: _____ EXP: _____

Licensee printed name Licensee Signature

MECHANICAL CONTR LIC#: _____ EXP: _____

Licensee printed name Licensee Signature

BOILER INSTALL CONTR LIC#: _____ EXP: _____

Licensee printed name Licensee Signature

INSTALLER CONTR LIC#: _____ EXP: _____

Licensee printed name Licensee Signature