

**HEATING & COOLING (MECHANICAL) PERMIT APPLICATION  
CITY OF CLAWSON  
DEPARTMENT OF BUILDING & PLANNING  
425 N. MAIN  
CLAWSON, MI 48017  
248-435-4500 – EXT. 121**

**Project Information**

Job Address: \_\_\_\_\_ Suite: \_\_\_\_\_ Lot: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_

Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee schedule is on our web site at: [cityofclawson.com](http://cityofclawson.com)

Click on: HOME PAGE → DEPARTMENTS → BUILDING & PLANNING → PERMIT APPLICATIONS.

**Applicant Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cont. License #: \_\_\_\_\_ Federal ID: \_\_\_\_\_ MESC #: \_\_\_\_\_

Ins. Carrier (Liability) #: \_\_\_\_\_ Worker's Comp #: \_\_\_\_\_

**If Contractor is pulling the permit – A certificate of insurance copy must be submitted along with copy of contractor's license & driver's license.**

**Owner Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Homeowner Affidavit:**

I hereby certify that the work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the State of Michigan Mechanical Code and shall not be enclosed, covered up or occupied until it has been inspected and approved. I will cooperate with the Mechanical Inspector and assume all responsibility to arrange for necessary inspections.

Section 23a of the state construction code act of 1972, 1972PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

**Note: If an inspection is canceled the day of the inspection, there will be a \$35.00 cancellation fee charged. This fee must be paid before an inspection can be scheduled.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner's signature indicates compliance with Homeowner's Affidavit)