



CITY OF HOLLAND REMOTE PERMIT REGISTRATION

Please include a copy of your license (s) with this registration

Contractor (COMPANY NAME) _____ Corp____ Sole Proprietor____ Partnership____

Mailing Address _____ city _____ zip _____

Owner Name _____ email _____

Phone _____ Fax _____ Cell _____

Licensee Name _____ Date of Birth _____

Fed. ID Number _____ MESCS Number _____

Workman's Comp Carrier _____

Masters License # _____ Exp. Date _____

Contractors # _____ Exp. Date _____

State License # _____ Exp. Date _____

Circle one: Plumbing Mechanical Electrical Building Other

Categories/Restrictions _____

Other persons authorized to request inspections: (name and title)

I understand that all permit fees will be charged to my credit card account upon processing.

I understand that each permit will be faxed to me. The application is not the permit. The fee for beginning work without a permit is \$100.00 per day.

I agree to request all inspections in a timely manner, allowing 24 hour notice.

I understand that I may fax a request for a permit at any time, but should allow up to 8 hours business time for processing routine permits and permits that require plan review can take up to 2 weeks.

I understand that I retain the right to come into the office for a permit during any business hours.

I understand that obtaining a permit by fax is a privilege granted by this local jurisdiction, not a right established by State law. I understand that this privilege may be revoked if I fail to comply with the conditions noted above.

I hereby certify that all above information is correct.

Signature of License Holder

Date

OFFICE: Received and reviewed by: _____

Date _____
