Charter Township of Brownstown
21313 Telegraph Road
Brownstown, Michigan 48183
Phone (734) 675-0166 Fax (734) 675-7459

Building Contractor Registration Application

_____ Residential _____ Maintenance/Alteration _____ Commercial _____ Industrial

_____ _____
Company name (print) Telephone

_____ _____ _____ _____
Address City State Zip

If firm, partnership or corporation, list major officers (please print)

1. _____ _____ _____
Name Title Telephone

_____ _____ _____ _____
Address City State Zip

2. _____ _____ _____
Name Title Telephone

_____ _____ _____ _____
Address City State Zip

Registration with the Township shall expire May 31st of each year.

Applicant shall submit with this application, a certificate of insurance issued by an insurance company authorized to do business in Michigan insuring against claim for loss, delay, injury or damage to persons and property by reason of defective installation or negligence in the performance of his/her duty, all of which insurance shall cover public liability damage for minimum amounts of $50,000 for each person and $100,000 for each accident and $25,000 property damage per accident and Workers Compensation and Employers Liability. Every certificate must show Brownstown Township as the certificate holder and contain the following clause: *"Before a cancellation of this policy, the insurer will give notice, in writing to the Building Department of Brownstown Township, Michigan of the insurer's intention to cancel this policy, not less than ten (10) days after receipt of said notice."*

The applicant shall attest by his/her signature to the application that they have the right as a member of the firm to make application for the respective building contractor license and that this individual/firm/partnership/corporation is/are familiar with all current ordinances, codes, and amendments of Brownstown, the State, and the Federal Government regulating the building activities for which application is made.

It is agreed that Brownstown shall be notified in writing of any changes occurring in the principals of the company/firm/partnership/corporation.

_____ _____
Signature of applicant Name printed

_____
Date