



LAKETON TOWNSHIP

2735 W. Giles Road, Muskegon, MI 49445
Phone: (231) 744-2454 Fax: (231) 744-2506

CONTRACTOR REGISTRATION APPLICATION

Registration with Laketon Township is REQUIRED to apply for & secure permits to perform work on residential properties.

Pursuant to Act 230 of 1972 Section 125.1510 Section 10, Paragraph 3
Information on this form is REQUIRED to be provided.

Submit with this form:

- Copy of Current State Occupational License
• Copy of Worker's Disability Compensation Insurance (if required to be insured under Act 317 of 1969 MCL418.101 to 418.941)
• \$15.00 Registration Fee for each license being registered

CONTRACTOR LICENSE #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Circle all that apply:

Building Mechanical Electrical
Plumbing Sign Installer Alarm Installer
Excavator or Water/Sewer Installer

Circle one that applies:

Corporation
Sole Proprietor
Partnership

Company Name: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Licensee (if different than owner): \_\_\_\_\_

Company Address: \_\_\_\_\_
Street

City State Zip

Business Phone #: ( ) Fax #: ( )

Cell Phone #: ( ) Email: \_\_\_\_\_

EIN (Employer ID Number) #: \_\_\_\_\_
(or reason for exemption pursuant to Section 6109 of the IRC Code of 1986, 26 USC 6109)

MESC(Michigan Employment Security Number) #: \_\_\_\_\_
(or reason for exemption pursuant to Section 6109 of the IRC Code of 1986, 26 USC 6109)

Workers Compensation Insurance Carrier & Policy #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_
(or reason for exemption under Act 317 of 1969 MCL418.101 to 418.941)

Self Employed? Check one: Yes [ ] No [ ]

Owner/Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following are available on the Laketon Township Website on the Building Department Page:

- Stille-Derossett-Hale Single State Construction Code Act (Act 230 of 1972) **Excerpt below**
- Worker's Disability Compensation Act (Act 317 of 1969, MCL 418.101 to 418.941)
- Internal Revenue Code (IRC) Section 6109 (26 USC 6109)
- Michigan Employment Security Act [PA 1 of 1936 (ExSess), MCL 421.1 to 421.75]

**STILLE-DEROSSETT-HALE SINGLE STATE CONSTRUCTION CODE ACT (EXCERPT)**  
**Act 230 of 1972**

**125.1510 Application for building permit; form; fee; contents; statement; site plan; affidavit; filing written instrument designating agent, attorney, architect, engineer, or builder; additional information required for residential builder or residential maintenance and alteration contractor, plumbing contractor or master or journeyman plumber, electrical contractor or master or journeyman electrician, or mechanical contractor; statement required in building application form; filing application; availability of application and other writings to public; custody of application; imposition of requirements for additional permits; building permit not required; qualifying roadside stand; tent exempt from act and code.**

Sec. 10, Paragraph 3

(3) A person licensed or required to be licensed as a residential builder or residential maintenance and alteration contractor under the occupational code, 1980 PA 299, MCL 339.101 to 339.2919, a plumbing contractor or master or journeyman plumber under article 11 of the skilled trades regulation act, MCL 339.6101 to 339.6133, an electrical contractor, master electrician, or electrical journeyman under article 7 of the skilled trades regulation act, MCL 339.5701 to 339.5739, or pursuant to a local ordinance, or a mechanical contractor under article 8 of the skilled trades regulation act, MCL 339.5801 to 339.5819, who applies for a building permit to perform work on a residential building or a residential structure shall, in addition to any other information required pursuant to this act, provide on the building permit application all of the following information:

(a) **The occupational license number of the applicant and the expiration date of the occupational license.**

(b) **One of the following:**

(i) **The name of each carrier providing worker's disability compensation insurance** to the applicant if the applicant is required to be insured pursuant to the worker's disability compensation act of 1969, **1969 PA 317, MCL 418.101 to 418.941.**

(ii) **The reasons for exemption** from the requirement to be insured if the applicant is not required to be insured under the worker's disability compensation act of 1969, **1969 PA 317, MCL 418.101 to 418.941.**

(c) **One of the following:**

(i) The **employer identification number**, if the applicant is required to have an employer identification number pursuant to **section 6109 of the internal revenue code, 26 USC 6109.**

(ii) **The reasons for exemption** from the requirement to have an employer identification number pursuant to **section 6109 of the internal revenue code of 1986, 26 USC 6109**, if the applicant is not required to have an employer identification number pursuant to that section.

(d) **One of the following:**

(i) The **Michigan employment security commission employer number**, if the applicant is required to make contributions pursuant to the Michigan employment security act, **1936 (Ex Sess) PA 1, MCL 421.1 to 421.75.**

(ii) If the applicant is not required to make contributions, **the reasons for exemptions** from the requirement to make contributions under the Michigan employment security act, **1936 (Ex Sess) PA 1, MCL 421.1 to 421.75.**