

CITY OF SALINE
100 N Harris
Saline, MI 48176
Phone 734-429-8296 Ext. 121
Fax 734-429-5280

BUILDING DEPARTMENT
Contractor Insurance Information

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

Date: _____

Contractor's Name: _____

Company Name: _____

Address: _____

Phone #: _____ Fax #: _____

Federal Employer I.D. Number: _____

M.E.S.C. Number: _____

Workman's Comprehensive Carrier: _____ Ins. #: _____

Or reason you don't carry it: _____

State of Michigan License Number: _____

COPY OF STATE LICENSE

Updating of Contractor insurance information is done January 1st of each year.
Charge of \$15 per license: City Council Resolution.

Note: Electrical Contractors License and Master Electrician License are required
Plumbing Contractors License must be registered with the State of that firm
Master Mechanical License required
If applicant is not license holder a notarized letter is required signed by license holder authorizing applicant to sign for them. Picture I.D. will be required.