MONTCALM COUNTY DEPARTMENT of BUILDING SAFETY
211 W Main St -- P.O. Box: 368, Stanton, MI 48888
989-831-7394 -- Email: building@montcalmcountymi.gov

Contractor Contact & License Information

Complete all sections of this form applicable to your licenses

CONTRACTOR INFORMATION

Name as Listed on License			*Phone Number 1*
Business Name	*Contact Person for Business*		*Phone Number 2*
Mailing Address:		*Email Address*	
City		*State*	*Zip*
Tax ID Number	*UIA (Unemployment)*	*Workers Compensation Insurance Carrier*	

LICENSES

LIST ALL LICENSES THAT YOU POSESS AND INCLUDE COPIES

	Name of License Holder	*License Number*	Expiration Date
Drivers License			
General Contractor			
M&A Contractor			
Mobil Home Dealer			
Electrical Contractor			
Electrical Master			

Low Voltage Contractor Type

- ☐ Fire Alarm Installer
- ☐ Data/Telecommunication System Installer
- ☐ Security System Installer
- ☐ Sign Installer

Plumbing Contractor			
Plumbing Master			
Mechanical Contractor			

- ☐ Hydronics
- ☐ HVAC
- ☐ Ductwork
- ☐ Refrigeration
- ☐ Limited Heating Service
- ☐ Unlimited Heating service
- ☐ Limited Refrigeration and AC Service
- ☐ Unlimited Refrigeration and AC Service
- ☐ Fire Suppression
- ☐ Specialty License
  - ☐ a. Solar Heating & Cooling
  - ☐ b. Solid Fuel Equipment & Vented Decorative Gas Appliance
  - ☐ c. LP Distribution Piping
  - ☐ d. Fuel Gas Piping
  - ☐ Fuel Gas Piping & Venting

Boiler Installer Classification	*Boiler Installer License Number*	*Name of License Holder*	*License Expiration Date*

☐ Class 1B ☐ Class 2B ☐ Class 3B ☐ Class 4B ☐ Class 5B ☐ Class 6B ☐ Class p

INDIVIDUALS AUTHORIZED TO PULL PERMITS AND / OR SCHEDULE INSPECTIONS FOR CONTRACTOR:

APPLICANT SIGNATURE

I hereby certify that the information submitted on this form is accurate to the best of my knowledge.

Applicant Signature	*Print Name*	*Date*