8555 KALAMAZOO AVE SE
CALEDONIA MI 49316

GAINES CHARTER TOWNSHIP INSPECTION DEPARTMENT
616-698-6640 Ext. 28
Mechanical License Registration

TO: INSPECTION DEPARTMENT DATE: _____

Application is hereby made by: _____
Name of Firm

Name of Licensee: _____

_____
Business Street Address

_____
City/State/Zip Code

Phone Number: _____

Fax Number: _____ E-mail: _____

State of Michigan Electrical Contractor's License #: _____

Expiration Date: _____

Master Electrical License #: _____

Expiration Date: _____

Fee of $15.00 Enclosed: ☐ Yes ☐ No

Approved by: _____

Signature of Person Authorized to Make Application

Return Completed Form To:

Thomas Kozak
Gaines Township
8555 Kalamazoo Ave., SE
Caledonia, MI 49316