



8555 KALAMAZOO AVE SE
CALEDONIA MI 49316

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

Name: _____

Business Name: _____ Phone #: _____

Business Address: _____

City/State/Zip Code: _____

Plumbing Contractor License #: _____ Expiration Date: _____

Valid Master Plumber State License #: _____ Expiration Date: _____

Name of Master Plumber: _____

Copy of License(s) Attached: Yes No

Fee of \$20.00 Enclosed: Yes No

Signature of Applicant: _____

Return Completed Form to:

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