



Discover ★ Enjoy ★ Celebrate!

P.O. Box 178 • 114 WOODHULL STREET • LAINGSBURG, MICHIGAN 48848-0178

PHONE (517) 651-5374 • FAX (517) 651-5604 • www.laingsburg.us

Contractor Registration

City of Laingsburg Building Inspections Department

No Fee Required

Date of Registration _____

Company Name _____

Licensed Person _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone Number (____)____-____ Fax Number (____)____-____

Cell Number (____)____-____

Type of License _____

License Number _____ Master Number if Applicable _____

Expiration Date/s _____

Fed I.D. # _____

Workman's Comp Carrier _____ (if required)

Social Security Number _____

Divers License Number _____

Date of Birth _____

Attest: The information given is complete, true, and correct. I understand that work is required to be done in accordance with the Michigan Construction Code, and that I am responsible for scheduling all necessary inspections.

Licensee Signature

All contractor registration forms must be accompanied by a copy of your contractor's license and driver's license