

APPLICATION FOR PLUMBING PERMIT

Townships of

**Green • Long Rapids • Ossineke
Sanborn • Wellington • Wilson**

Bruce Tillinger
Phone: 989-464-0985
Mon. - Thur. 8 - 9 a.m.
P. O. Box 173
Hillman, MI 49746

	FEE	# ITEMS	TOTAL
1. Application Fee (non-refundable)	\$45.00	1	\$45.00
2. Mobile Home unit site	\$5.00/ea.		
3. Fixtures, floor drains, special drains, water connected appliances	\$5.00/ea.		
4. Stacks (soil, waste, vent and conductor)	\$3.00/ea.		
5. Sewage ejectors, sumps	\$5.00/ea		
6. Sub-soil drains	\$5.00/ea		
Water Services	7. Less than 2"	\$5.00	
	8. 2" to 6"	\$25.00	
	9. Over 6"	\$50.00	
10. Connection bldg. drain-bldg. sewers	\$5.00		
Sewers (sanitary, storm or combined)	11. Less than 6"	\$5.00	
	12. 6" and Over	\$25.00	
13. Manholes, Catch Basins	\$5.00/ea		
Watering Distributing Pipe (system)			
14. 3/4" Water Distribution Pipe	\$5.00		
15. 1" Water Distribution Pipe	\$10.00		
16. 1-1/4" Water Distribution Pipe	\$15.00		
17. 1-1/2" Water Distribution Pipe	\$20.00		
18. 2" Water Distribution Pipe	\$25.00		
19. Over 2" Water Distribution Pipe	\$30.00		
20. Reduced pressure zone back-flow preventer	\$5.00/ea		
21. Special/Safety Insp. (includes cert. fee)	\$50.00		
22. Additional Inspection	\$40.00/ea		
23. Final Inspection	\$40.00	1	\$40.00

Date _____

TYPE OF JOB

Single Family	<input type="checkbox"/> 1. New	<input type="checkbox"/> 2. Remodel	<input type="checkbox"/> 5. Sewer Only
Other	<input type="checkbox"/> 3. New	<input type="checkbox"/> 4. Remodel	<input type="checkbox"/> 6. Water Service Only
<input type="checkbox"/> 7. Special Inspection Only		<input type="checkbox"/> 8. Mobile Hm. Setup	<input type="checkbox"/> 9. Modular Hm. Setup

JOB LOCATION

Name of Owner		
Street Address and Job Location (Street No. and Name)	City/Village	Township and Section

CONTRACTOR/HOMEOWNER INFORMATION

<input type="checkbox"/> Contractor	<input type="checkbox"/> Homeowner Name (check Appropriate Box)	License Number	Expiration Date
Address (Street No. and Name)		City	State
		Zip Code	
Telephone Number	Social Security Number	Federal Employer ID Number (or reasons for exemption)	
Workers Compensation Insurance Carrier (or reasons for exemption)		MESC Employer Number (or reasons for exemption)	

APPLICANT SIGNATURE

Section 23a of the State Construction Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

Signature of Licensee or Homeowner (homeowner must also sign affidavit below)	Date
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HOMEOWNER AFFIDAVIT

I hereby certify the Plumbing work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the State Plumbing Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Plumbing Inspector. I will cooperate with the Plumbing Inspector and assume the responsibility to arrange for necessary inspections.

Signature of Homeowner	Date
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You are responsible for calling to schedule your inspection. Permit number, phone number, and instructions to access building are required. If your plumbing does not pass inspection, there is a \$40 reinspection fee.

TOTAL FEES

Underground Inspection _____

Aboveground Inspection _____

Final _____

MAKE CHECKS PAYABLE TO: _____