

PLUMBING PERMIT

Date _____ / _____ / _____

PAW PAW TOWNSHIP

Permit # : _____

PAW PAW TOWNSHIP
 BUILDING DEPARTMENT
 8721 Gull Rd, Ste. B
 Richland MI 49083
 Ph: 269-629-0600 Fax: 269-629-0601
 Bldg Dept. 800-627-2801 Ext. 0

Job Location: _____ Property Tax No.: _____

Owner: _____ Phone No. : _____

Address: _____ City/State/Zip : _____

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

COMMERCIAL				RESIDENTIAL	
	No.	ITEMIZATION			
Administration base fee and all required and final inspections	XXX		\$105.00	<input type="checkbox"/>	SINGLE INSPECTION \$74.00
Plan review as determined by Plan reviewer		\$73.50	hourly	<input type="checkbox"/>	ADDITION REMODEL (Up to two inspections) \$147.00
Fixtures, water connected appliances, floor drains, special drains, mobile home unit site		\$5.25	each	<input type="checkbox"/>	ADDITION REMODEL w/Underground (Up to three inspections) \$221.00
Stacks (Soil, waste, vent, conductor)		\$3.15	each	<input type="checkbox"/>	NEW RESIDENCE (Up to three inspections) \$221.00
Sewers (sanitary, storm or combined)		\$5.25	each	<p>FOR RESIDENTIAL PERMITS: Please indicate applicable equipment in the "No." column, and disregard commercial fee schedule.</p> <p>COST OF PERMIT: \$ _____</p> <p>Make checks payable to: PAW PAW TOWNSHIP</p> <p>Building Department Approval: By: _____</p>	
Water Service		\$10.50	each		
Connection building drain/building sewer		\$5.25	each		
Sub-soil drains		\$5.25	each		
Sewage ejectors, manholes, sumps		\$5.25	each		
Water distributing pipe system, less than 1"		\$10.50	each		
Water distributing pipe system, 1" or greater		\$21.00	each		
Reduced pressure zone backflow preventer		\$5.25	each		
Medical Gas System		\$47.25			
TOTAL: (Enter here and at right as COST OF PERMIT:)					

Contractor Name		Phone #	Fax #	
Address		City	State	Zip
Federal I.D. No./Special Security No.		MESC Employer No.		
Contractor License No.	Expiration Date	Worker's Compensation Insurance Carrier		
Name of Master Plumber		Master License No.	Expiration Date	
Master Plumber Business Address		City	State	Zip

If exempt from any of the above, explain here: _____ E-mail: _____

_____ I am/will be the owner and occupant of the premises on which the described installation is proposed.

Section 23A of the state construction code act of 1972, MCL 125.1523A, 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 23 A are subjected to civil fines.

HOME OWNER'S AFFIDAVIT and SIGNATURE

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: _____ Date: _____

AGENT/CONTRACTOR'S AFFIDAVIT and SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: _____ Date: _____