

Jurisdiction of _____

PLUMBING APPLICATION

Make checks payable to the Jurisdiction.

PERMIT NUMBER: _____

1575 142nd Avenue
Dorr, MI 49323
(616) 877-2000

DATE _____

B.P.# _____

Commercial, Residential Remodel	Per Unit	No.	Fee
Permit base fee (non refundable, no inspections included)	40.00	1	40.00
Final Inspection	40.00		
Rough In Inspections	40.00		
Re-inspection	40.00		
Underground	40.00		
Inspection, hourly rate	50.00		
Subsoil Drains, each	5.00		
Fixtures, each	5.00		
Stacks, Vents and Roof Conductors	5.00		
Sewers, each (city sewer)	10.00		
Water services, each (city water)	10.00		
Utility Holes, Catch Basins, each	5.00		
Sewage Pumps, sewage injectors, each	5.00		
Water distributing pipe (systems)			
up to one inch	5.00		
over one inch	20.00		
Reduced pressure zone backflow preventer, each	5.00		
Water connected appliances, equipment and devices, each	2.00		
All drains and traps, each	2.00		
Laboratory, hospital, clinic fixtures, equipment and devices, each	2.00		
Medical Gas Piping, per opening (includes certificate)	20.00		
Water Heater including inspection	45.00		
New Single Family Residence	160.00		
New Duplex	210.00		
Pre-Manufactured Dwelling w/o a basement	40.00		
Inspections not requiring a permit	75.00		
If work is started before permit is applied for, an additional fee will be charged.		TOTAL FEE	

TYPE OF JOB
COMMERCIAL: NEW REMODEL
RESIDENTIAL: NEW REMODEL

(Job Location)

(Print Name of owner or agent)

(Street Address)

(City) (Twp.)

(Ph. No.)

Please itemize when using flat rates for One & Two Family Residence. (CHECK NO. COLUMN ONLY).

CONTRACTOR / HOMEOWNER INFORMATION:		NOT APPLICABLE COMMERCIAL <input type="checkbox"/>	
<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> MASTER <input type="checkbox"/> HOMEOWNER <input type="checkbox"/> WATER TREATMENT INSTALLER			
OWNER OR NAME OF PLUMBING CONTRACTOR			TELEPHONE NO.
ADDRESS	CITY	STATE	ZIP CODE
CONTRACTOR LICENSE #		EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION		SELF EMPLOYED NO EMPLOYEES	
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION		SELF EMPLOYED NO EMPLOYEES	
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION		SELF EMPLOYED NO EMPLOYEES	
THIS IS YOUR PERMIT WHEN APPROVED BY ADMINISTRATIVE AUTHORITY			
<input type="checkbox"/> Send list of Jurisdictions			
<input type="checkbox"/> Send permit forms Keep pink copy. Return other copies with payment.			

Inspectors Validation Signature _____ Date _____

HOMEOWNERS AFFIDAVIT

I hereby certify the plumbing work described on this permit application shall be installed by myself in my single family dwelling in which I am living or about to occupy. All work shall be installed in accordance with the Local 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 responsibility to arrange for necessary inspections.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125, 1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of sections 23a are subjected to civil fines.

Signature of Licensee or Homeowner _____

Printed Name of Licensee or Homeowner _____