

# Plumbing Permit Application

Authority: 1972 PA 230
Completion: Mandatory to obtain permit
Penalty: Permit cannot be issued

## I. Job Location

NAME OF OWNER/AGENT	HAS A BUILDING PERMIT BEEN OBTAINED FOR THIS PROJECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required
STREET ADDRESS AND JOB LOCATION (Street Number and Name)	NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township <b>OF:</b>
	COUNTY

## II. Contractor / Homeowner Information

INDICATE WHO THE APPLICANT IS <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner <input type="checkbox"/> Master <input type="checkbox"/> Water Treatment Installer	NAME OF PLUMBING CONTRACTOR OR HOMEOWNER	CONTRACTOR LICENSE NUMBER	EXPIRATION DATE
ADDRESS (Street Number and Name)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (Include Area Code)	FEDERAL EMPLOYER ID NUMBER (or reason for exemption)		
WORKERS COMPENSATION INSURANCE CARRIER (or reason for exemption)	UIA NUMBER (or reason for exemption)		
NAME OF MASTER PLUMBER	MASTER LICENSE NUMBER	EXPIRATION DATE	
BUSINESS / BRANCH ADDRESS	CITY	STATE	ZIP CODE

## III. Type of Job

<input type="checkbox"/> <b>Single Family</b>	<input type="checkbox"/> New	<input type="checkbox"/> Sewer Only	<input type="checkbox"/> Water Service Only	<input type="checkbox"/> Premanufactured Home Setup (State Approved)	<input type="checkbox"/> <b>State Owned</b>
<input type="checkbox"/> <b>Other</b>	<input type="checkbox"/> Alteration	<input type="checkbox"/> Special Inspection	<input type="checkbox"/> Manufactured Home Setup (HUD Mobile Home)	<input type="checkbox"/> <b>School</b>	

## IV. Plan Review Required

**Plans must be submitted with an Application for Plan Examination and the appropriate deposit before a permit can be issued, except as listed below.**

**Plans are not required** for the following:

1. One-and two-family dwelling containing not more than 3,500 square feet of building area.
2. Alterations and repair work determined by the plumbing official to be of a minor nature.
3. Buildings with a required plumbing fixture count less than 12.
4. Work completed by a governmental subdivision or state agency costing less than \$15,000.00.

If work being performed is described above, check box below "Plans Not Required."

**Plans are required** for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

Plan Review Project No. \_\_\_\_\_  **Plans Not Required**

## V. Applicant Signature

**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 Section 23a are subjected to civil fines.**

SIGNATURE OF PLUMBING CONTRACTOR, MASTER PLUMBER, WATER TREATMENT INSTALLER OR HOMEOWNER (Homeowner's signature indicates compliance with Section VI. Homeowner Affidavit)	DATE
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## VI. 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 Michigan 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.

**Complete Application on Back Side**

## VIIa. Fee Clarification

**Item #2, Mobile Home Unit Site:** WHEN item is used for sewer excavations in a new park, the permit application should include the application fee plus the number of unit sites. WHEN setting a mobile home in a park, or a mobile or **modular** home on private property, a permit should include the application fee, a sewer or building drain, and a water service or water distribution pipe.

**VIIb. Fee Clarification** (continued)

<b>Item #3, Fixtures, Floor Drains, Special Drains and Water Connected Appliances Include:</b>					
Water Closets	Sink (any description)	Slop Sink	Drinking Fountain	Floor Drain	Water Outlet or Connection to any Make-up Water Tank
Bath tub	Emergency Eye Wash	Bidet	Condensate Drain	Roof Drain	Water Outlet or Connection to Heating System
Lavatories	Emergency Shower	Cuspidor	Washing Machine	Grease Trap	Water Outlet or Connection to Filters
Shower Stall	Garbage Grinder	Dishwasher	Acid Waste Drain	Starch Trap	Connection to Sprinkler System (Irrigation)
Laundry Tray	Water Outlet Cooler	Refrigerator	Embalming Table	Plaster Trap	Water Connected Sterilizer
Urinal	Ice Making Machine	Water Heater	Bed Pan Washer	Water Softener	Water Connected Dental Chair
Autopsy	Water Connected Still				Water Connection to Carbonated Beverage Dispensers
<b>Plus Any Other Fixture, Drain or Water Connected Appliance Not Specifically Listed</b>					

**Item #25, Domestic Water Treatment and Filtering Equipment:** A license is not required for the installation of domestic water treatment and filtering equipment that requires modification to an existing cold water distribution supply and associated water piping in buildings if a permit is secured, required inspections performed and the installation complies with the applicable code. If the enforcing agency determines a violation exists, it shall be corrected by the responsible installer. The permit application shall include the application fee, the number of water treatment devices recorded in item #25 for \$5.00 each and the appropriate water distribution pipe (system) size fee.

**VIII. Fee Chart** - Enter the number of items being installed, multiply by the unit price for total fee.

	Fee	# Items	Total		Fee	# Items	Total
1. Application Fee (non-refundable)				Water Distributing Pipe (system)			
2. Mobile Home Park Site*				14. 3/4" Water Distribution Pipe			
3. Fixtures, floor drains, special drains, water connected appliances				15. 1" Water Distribution Pipe			
4. Stacks (soil, waste, vent and conductor)				16. 1-1/4" Water Distribution Pipe			
5. Sewage ejectors, sumps				17. 1-1/2" Water Distribution Pipe			
6. Sub-soil drains				18. 2" Water Distribution Pipe			
Water Service				19. Over 2" Water Distribution Pipe			
7. Less than 2"				20. Reduced pressure zone back-flow preventer			
8. 2" to 6"				25. Domestic water treatment and filtering equipment <b>only**</b>			
9. Over 6"				26. Medical Gas System			
10. Connection (bldg. drain-bldg. sewers)				Inspections			
Sewers (sanitary, storm or combined)				21. Special Insp. (pertaining to sale of building)			
11. Less than 6"				22. Additional Inspection			
12. 6" and Over				23. Final Inspection			
13. Manholes, Catch Basins				24. Certification Fee			

\* See VIIa. Fee Clarification Item #2 on front

\*\*See VIIb. Fee Clarification Item #25 above

**Total Fee**

**IX. Instructions for Completing Application**

**General:** Plumbing work shall not be started until the application for permit has been filed. All installations shall be in conformance with the Michigan Plumbing Code. **No work shall be concealed until it has been inspected.** When ready for an inspection, call the inspector providing as much advance notice as possible. The inspector will need the **job location** and **permit number**.

**Expiration of Permit:** A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED.**

The Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.