



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

**STATE PLUMBING BOARD**  
Conference Room No. 3  
2501 Woodlake Circle  
Okemos, Michigan 48864

**AGENDA**

**February 25, 2014**

10:00 a.m. Eastern Standard Time

1. Call to Order and Determination of Quorum D. Jones
2. Nomination and Election of Officers
3. Approval of Agenda – February 25, 2014 (Pages 1 – 2)
4. Approval of Minutes – December 3, 2013 (Pages 3 – 9)  
Approval of Examination Minutes – December 4, 2013 and December 18, 2013 (Pages 10 – 11)
5. Examination Results (Pages 12 – 14)
  - A. Journey Plumber – December 4, 2013
  - B. Master Plumber – December 4, 2013
  - C. Plumbing Contractor – December 18, 2013
6. Applicants Appearing Before the Board (Pages 15 – 42)
  - A. Ganger, Anthony E. Master Plumber
  - B. Russ, Kirk D. Master Plumber
  - C. Schimanski, Albert C. Master Plumber
  - D. Warner, Patrick F. Master Plumber
7. Construction Code Appeal Request Hearing(Pages 43 – 47) J. Madziar
  - A. Derocher Construction, Al Serra Chevrolet, CCC-PLBG-14-001
8. New Products (Pages 48 – 54) J. Madziar
  - A. Custom Building Products, Inc., RedGard Fabric Membrane, Models RFM54 and RFM323, BCCP-14-001
  - B. Custom Building Products, Inc., RedGard Crack Prevention and Waterproofing Membrane, Models LQWAF1 and LQWAF3, BCCP-14-002

*Providing for Michigan's Safety in the Built Environment*

LARA is an equal opportunity employer  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
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State Plumbing Board Agenda

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February 25, 2014

- C. Custom Building Products, Inc., Custom 9240 Waterproofing and Anti-Fracture Membrane, Models C9240K, C9240L, and C9240F, BCCP-14-003
  
- 9. Good Moral Character Review Hearing
  - A. Winfree, Jack A. Plumbing Apprentice Registration
  
- 10. Chief's Report J. Madziar
  
- 11. Legislative Update
  
- 12. Unfinished Business – Good Moral Character Review Hearing
  - A. Boone, James T. Plumbing Apprentice Registration
  
- 13. New Business
  
- 14. Public Comment
  
- 15. Next Meeting – June 3, 2014
  
- 16. Adjournment



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**STATE PLUMBING BOARD**  
Conference Room No. 3  
2501 Woodlake Circle  
Okemos, Michigan 48864

**MINUTES**  
**December 3, 2013**  
10:00 a.m. Eastern Standard Time

**MEMBERS PRESENT**

Mr. David Jones, Chairperson  
Mr. Curt McNitt  
Mr. Daniel Nixon  
Mr. Brock Howard  
Mr. Walter Maner  
Mr. Steve Busch

**MEMBERS ABSENT**

Mr. Anthony D'Ascenzo

**DEPARTMENT PERSONNEL ATTENDING**

Mr. Irvin Poke, Director, BCC  
Mr. Keith Lambert, Deputy Director, BCC  
Mr. Joseph Madziar, Chief, Plumbing Division  
Mr. Andy Neuman Jr., Assistant Chief, Plumbing Division  
Mr. Kole Myers, Senior Plumbing Inspector  
Mrs. Sara Leiby, Secretary, Plumbing Division  
Ms. Diane Barmes, Review Analyst, Office of Administrative Services  
Mr. Calvin Rogler, Chief, Elevator Division  
Mr. Todd Cordill, Chief, Plan Review Division

**OTHERS IN ATTENDANCE**

Ms. Cindy Maher, MPMCA  
Mr. Lyle Stine Jr., Journey Applicant  
Mr. Peter Bultema Jr., Master Applicant  
Mr. Ryan Hendershott, Master Applicant  
Mr. Martin Jipson, MPMCA  
Mr. Michael Johnson, See Water, Inc.  
Mr. James McManus, Delton Kellogg Schools  
Mr. James Boone, Apprentice Applicant

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Mr. Bill Levan, Cast Iron Soil Pipe Institute  
Mr. Victor Hatcher, Tyler Pipe Company  
Mr. Dave Parney, Cast Iron Soil Pipe Institute  
Mr. David Waggoner, Charlotte Pipe & Foundry Company  
Ms. Andrea Calkins, Plumb-Tech Design & Consulting Services, LLC  
Mr. William Grayzar, Eastern Michigan Chapter of ASPE  
Mr. Charles Nelson, Kingscott Associates, Inc.  
Mr. Ron George, Plumb-Tech Design & Consulting Services, LLC  
Mr. Emmett Kelley, LPB  
Mr. Jason Perez, Journey Applicant  
Mrs. Charlene Boone, James Boone, Apprentice Applicant  
Ms. Serenity Lewis

**1. CALL TO ORDER AND DETERMINATION OF QUORUM**

Chairperson Jones called the meeting to order at 10:00 a.m. A quorum was present at that time.

**2. APPROVAL OF AGENDA**

Board Member Maner moved to approve the agenda for the December 3, 2013 State Plumbing Board meeting. Board Member Nixon seconded the motion. **MOTION CARRIED.**

**3. APPROVAL OF MINUTES**

Board Member Nixon moved to approve the board minutes from the **September 17, 2013** meeting. Board Member Busch seconded the motion. **MOTION CARRIED.**

**4. APPROVAL OF EXAMINATION MINUTES AND RESULTS**

Board Member McNitt moved to approve the examination minutes and results of the Journey Plumber and Master Plumber Examinations held on **September 18, 2013** and the Plumbing Contractor Examination held on **September 25, 2013**. Board Member Maner seconded the motion. **MOTION CARRIED.**

**5. APPLICANTS APPEARING BEFORE THE BOARD**

**A. Mr. Jason R. Perez**, Journey Applicant, was not present for out of state review as scheduled.

Board Member Howard motioned to lay the out of state license review on the table until completion of the other out of state reviews. Board Member McNitt seconded the motion. **MOTION CARRIED.**

- B. Mr. Lyle R. Stine Jr.**, Journey Applicant, appeared before the Board requesting permission to take the Journey Plumber Examination. Mr. Stine provided documentation verifying his out-of-state license was obtained through substantially the same requirements as the State of Michigan.

After a discussion with Mr. Stine regarding his qualifications to take the Journey Plumber Examination, Board Member Nixon moved to allow Mr. Stine to take the Journey Plumber Examination. Board Member Howard seconded the motion. **MOTION CARRIED.**

- C. Mr. Peter M. Bultema Jr.**, Master Applicant, appeared before the Board requesting permission to take the Master Plumber Examination. Mr. Bultema provided documentation verifying his out-of-state license was obtained through substantially the same requirements as the State of Michigan.

After a discussion with Mr. Bultema regarding his qualifications to take the Master Plumber Examination, Board Member Howard moved to allow Mr. Bultema to take the Master Plumber Examination. Board Member Maner seconded the motion. **MOTION CARRIED.**

- D. Mr. Ryan E. Hendershott**, Master Applicant, appeared before the Board requesting permission to take the Master Plumber Examination. Mr. Hendershott provided documentation verifying his out-of-state license was obtained through substantially the same requirements as the State of Michigan.

After a discussion with Mr. Hendershott regarding his qualifications to take the Master Plumber Examination, Board Member Busch moved to allow Mr. Hendershott to take the Master Plumber Examination. Board Member Howard seconded the motion. **MOTION CARRIED.**

Chairperson Jones removed Mr. Perez's out of state review that was tabled prior.

**Mr. Jason R. Perez**, Journey Applicant, did not appear before the Board as scheduled.

Board Member Howard moved to deny Mr. Perez to take the Journey Plumber Examination. Board Member Nixon seconded the motion. **MOTION CARRIED.**

## **6. CONSTRUCTION CODE APPEAL REQUEST**

- A. Kingscott Associates, Inc., Delton Kellogg High School Stadium, CCC-PLBG-13-003**

Mr. Charles Nelson, Kingscott Associates, Inc., and Mr. James McManus, Delton Kellogg Schools, presented the board an appeal request from the requirements of Section 403.1 of the Michigan Plumbing Code for Delton Kellogg High School Stadium.

Mr. Nelson, Mr. McManus, and Mr. Todd Cordill were duly sworn before providing testimony.

Mr. Todd Cordill provided information related to the plan review for the project.

Following a review and discussion, Board Member Howard moved to approve the appeal request for Delton Kellogg High School Stadium to include fixtures in public restrooms in the adjacent Middle School building, within 500 feet of a main stadium entrance, with the condition that signs shall be posted to direct attendees to the additional available restrooms which will be verified to the chief by photographs and the Middle School must be accessible during stadium use. Board Member Nixon seconded the motion. **MOTION CARRIED.**

## **7. NEW PRODUCTS**

### **A. See Water, Inc., Liquid Smart Pump Systems, BCCP-12-007**

Mr. Michael Johnson presented the Board a product approval request from See Water, Inc. for Liquid Smart Pump Systems, Models OSSIM-30-OR and OSSIM-30-OR-2.

Following a review and discussion with Mr. Johnson, Board Member McNitt moved to forward the product to the Commission for approval. Board Member Howard seconded the motion. **MOTION CARRIED.**

### **B. Penner Manufacturing Inc., Cascade Contour Bathing System, BCCP-13-003**

Mr. Madziar presented the Board a product approval request from Penner Manufacturing Inc. for Cascade Contour Bathing System, Model 360030-1C.

Following a review and discussion, Board Member Howard moved to forward the product to the Commission for approval. Board Member McNitt seconded the motion. **MOTION CARRIED.**

### **C. Wavin Overseas BV, Hepvo, Sanitary Waste Valve, BCCP-13-004**

Mr. Ron George and Ms. Andrea Calkins, Plumb-Tech Design & Consulting Services, LLC, presented the Board a product approval request from Wavin Overseas BV for Hepvo, Sanitary Waste Valve, Models BV1B/UA (1 ¼ in.) and BV1/UB (1 ½ in.).

Following a review and discussion with Mr. George and Ms. Calkins, Board Member Nixon moved to deny the product approval request due to the rubber membrane and view of performance foresight. Board Member Howard seconded the motion. **MOTION CARRIED.**

## **8. GOOD MORAL CHARACTER REVIEW**

- A. **Mr. James T. Boone**, Apprentice Applicant, appeared before the Board requesting good moral character approval for processing of Plumbing Apprentice Registration. Mrs. Charlene Boone, Mr. Boone's spouse, also appeared before the Board as a supporting witness.

Mr. Boone, Mrs. Charlene Boone, and Ms. Diane Barmes were duly sworn in before providing testimony.

Following a review and discussion with Mr. Boone, Board Member Howard moved to postpone the decision for Mr. Boone's good moral character review until the February 25, 2014 State Plumbing Board Meeting to allow submittal of reference from employer. Board Member Maner seconded the motion. **MOTION CARRIED.**

## **9. CHIEF'S REPORT**

Mr. Madziar provided information on the following issues:

- A. The Plumbing Division recently hired Craig Cole as a plumbing inspector.
- B. The 2012 Michigan Plumbing Code will be adopted January 17, 2014 and books are now available.
- C. The 2012 Michigan Residential Code is currently in the committee process. Mr. Irvin Poke provided clarification of the flexible code cycle.
- D. The number of exam applicants scheduled for the December examinations.
- E. The first 2012 code update course took place for state inspectors on November 21, 2013. Mr. Madziar is scheduled to teach nine 2012 code update courses provided by the MPMCA.

## **10. LEGISLATIVE UPDATE**

Mr. Keith Lambert presented update on staffing, legislation, and rules.

- A. Mr. Mark Moore accepted the Chief of the Boiler Division position. Mr. David Stenrose accepted the Assistant Chief position in the Boiler Division. The Bureau

is pursuing filling the Senior Boiler Inspector vacancy.

- B. House Bill 5222-5224 regarding water heaters was described by Mr. Lambert. Ms. Cindy Maher also explained that the MPMCA is working with the sponsors and the committee chair on the proposed house bills.
- C. Residential Code part 7 rules will be effective January 17, 2014.
- D. The State Plumbing Board Licensing Rules are proposed to have an effective date on January 10, 2014.
- E. Further clarification of Federal Lead Free requirement which conflicts with P.A. 230 requested.

#### **11. UNFINISHED BUSINESS**

- A. Following arrival of Mr. Jason R. Perez, Board Member Busch moved to reconsider previous action taken for Mr. Perez's Application for Journey Plumber Examination. Board Member Howard seconded the motion. **MOTION CARRIED.**

**Mr. Jason R. Perez**, Journey Applicant, appeared before the Board requesting permission to take the Journey Plumber Examination. Mr. Perez provided documentation verifying his out-of-state license was obtained through substantially the same requirements as the State of Michigan.

After a discussion with Mr. Perez regarding his qualifications to take the Journey Plumber Examination, Board Member Nixon moved to allow Mr. Perez to take the Journey Plumber Examination February 26, 2014 as requested. Board Member McNitt seconded the motion. **MOTION CARRIED.**

#### **12. NEW BUSINESS**

- A. The Board discussed ASSE oversight of backflow certification classes for temporary locations. Ms. Cindy Maher provided additional clarification on this issue and listing.
- B. The Bureau requested for a Board Member to be present at the December 18, 2013 Plumbing Contractor Examination and future Plumbing Contractor Examinations.

#### **13. PUBLIC COMMENT**

None

**14. NEXT MEETING**

February 25, 2014

**15. ADJOURNMENT**

Board Member Howard moved to adjourn the meeting at 12:30 p.m. Eastern Standard Time. Board Member Nixon seconded the motion. **MOTION CARRIED.**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson David Jones

DRAFT



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**STATE PLUMBING BOARD**  
Michigan State University  
Agriculture and Livestock Education Pavilion  
East Lansing, Michigan 48823

**EXAMINATION MINUTES**  
**December 4, 2013 and December 18, 2013**  
8:00 a.m. and 9:00 a.m. EST

**MEMBERS PRESENT**

Mr. David Jones, Chairperson  
Mr. Daniel Nixon  
Mr. Walter Maner  
Mr. Curt McNitt

**MEMBERS ABSENT**

Mr. Steve Busch  
Mr. Brock Howard  
Mr. Anthony D'Ascenzo

**DEPARTMENT PERSONNEL ATTENDING**

Mr. Joseph T. Madziar, Chief, Plumbing Division  
Mr. Andy B. Neuman Jr., Assistant Chief, Plumbing Division  
Mr. Kole Myers, Senior Plumbing Inspector  
Mr. Allon Robbins, State Plumbing Inspector  
Ms. Jennifer Little, Plumbing Division

Chairperson Jones introduced the Plumbing Board members. Mr. Andy Neuman provided instructions to the candidates for the Journey Plumber Examination. Mr. Joseph Madziar provided instructions to the candidates for the Master Plumber Examination.

Sixty-six journey applicants had been approved for the examination; 63 applicants took the examination.

Thirty-five master applicants had been approved for the examination; 31 applicants took the examination.

The Chief of the Plumbing Division, Assistant Chief of the Plumbing Division, Senior Plumbing Inspector, 2 State Plumbing Inspectors, Word Processing Assistant of the Plumbing Division, and 5 proctors assisted the State Plumbing Board with the examinations.

Twenty-six plumbing contractor applicants had been approved for the examination; 23 applicants took the examination.

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The Assistant Chief of the Plumbing Division, Board Member Nixon, and 2 proctors assisted with the contractor examination.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
David Jones, Chairperson

DRAFT

Journey Plumber's Passed List  
December 4, 2013

Journey Plumber

Address

BABCOCK, ERIC C

RICHLAND MI

BUCK, BRIAN L

TAYLOR MI

BURCHETTE, WILLIAM W

PORTAGE MI

CROWDEN, EDWARD E JR

MICHIGAN CENTER MI

DOWNS, JASON T

MADISON HEIGHTS MI

DRUMB, KEITH A

MILLINGTON MI

ELDRIDGE, KYLE M

COLON MI

FRANKLIN, MICHAEL C

LIVONIA MI

GOBERT, TODD A

MARQUETTE MI

GUNNINK, JORDAN D

GRAND RAPIDS MI

KING, DEREK M

YPSILANTI MI

KOHLER, WILLARD C III

MANCHESTER MI

LIPAN, RICHARD A

CARO MI

MIEDEMA, SPENCER J

HUDSONVILLE MI

NICHOLS, MICHAEL A

BURR OAK MI

PENIX, BARRY A

CHELSEA MI

RUDNICK, BARRIE

WALLED LAKE MI

STINE, LYLE R JR

OREGON OH

SWOPE, JARED M

MONROE MI

THOMASCO, TODD A

ROCHESTER HILLS MI

Master Plumber's Passed List  
December 4, 2013

Master Plumber

Address

ALTHERR, RANDY J

WOODHAVEN MI

BAYDOV, KIRIL G

STERLING HEIGHTS MI

BELLY, ZACHARY R

HUDSON MI

BULTEMA, PETER M JR

CROWN POINT IN

EHRESMAN, HOWARD A

MASON MI

FLECK, DAVID M

TOLEDO OH

HURST, REED A

WHITEMORE LAKE MI

JENKINS, THOMAS K

MASON MI

MILLS, TIMOTHY JOHN II

DAVISBURG MI

SARKODY, KEVIN B

WOODHAVEN MI

SNYDER, JARED L

HUDSONVILLE MI

VANZANDT, MICHAEL D

TIPTON MI

WALLEN, THOMAS A

WYANDOTTE MI

YARBROUGH, TRACEY L

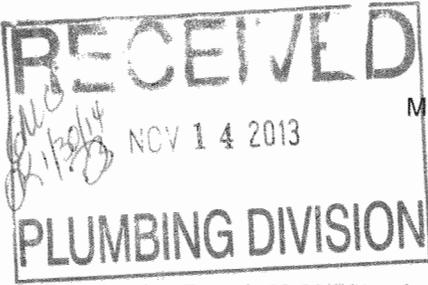
WYANDOTTE MI

Plumbing Contractor's Passed List  
December 18, 2013

Plumbing Contractor

Address

BEAN, DAVID L	STERLING HEIGHTS MI
EIROSIUS, FRANK E	LANSING MI
ESPINOZA, MICHAEL J	GRANT MI
FELDPAUSCH, ALEXANDRA A	GRAND RAPIDS MI
FELDPAUSCH, DANIEL J	GRAND RAPIDS MI
GABRISH, ROBERT A	LIVONIA MI
JABOUR, RYAN D	JEROME MI
JERGENS, TIMOTHY A	MENDON MI
KLINE, JOHN P III	MILFORD MI
LIEDEL, REBECCA A	HOWELL MI
MACDONNELL, PATRICK K	STERLING HEIGHTS MI
MARSMAN, JEREMY G	WALKER MI
MEIER, MARTIN R	MONROE MI
MIKULA, MARK A	GRAND HAVEN MI
PETRO, ASHLEY M	RICHLAND MI
PLETT, BRADLEY D	GOSHEN IN
REYES, BRAIDEN A	MILAN MI
SCHIMKE, GARY W	BEAR LAKE MI
SUPAL, CATHY N	ST CLAIR SHORES MI



**Application for Master Plumber Examination**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes / Plumbing Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9330  
 www.michigan.gov/bcc

92

Tran Info: 92 19054106-2 11/08/13  
 Chk#: 069648 Amt: \$100.00  
 ID: MILLER BROTHERS BUILDERS

**Examination Fee: \$100.00 (Nonrefundable)**

Authority: 2002 PA 733	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Completion: Necessary for examination consideration	
Penalty: Application cancelled and fee forfeited	

**Out of State Experience**

hold a journey license issued under 2002 PA 733 and have a minimum of 4,000 h of at least 2 years immediately preceding the date of application.

Complete and sign original application. Type or print in ink.

- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and payment to the address listed above.

**Eligibility of Applicants From Another State or Country**

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

OFFICE USE ONLY  
 T-81 12889

**Applicant Information**

NAME (Last, First, Middle) <i>Ganger Anthony E.</i>		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* XXX-XX-████
HOME ADDRESS ████████████████████		DATE OF BIRTH ██████████
CITY ██████████	COUNTY ██████████	
STATE ██████	ZIP CODE ██████	TELEPHONE NUMBER (include Area Code) ██████████

**Current Status**

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Journey Plumber License No. 82- _____		
3. Are you licensed as a master plumber in another state or country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Master Plumber License No. <u>PC10600180</u> State/Country <u>Indiana</u>		

**Examination Preference**

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date December 4  No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**Background Information**

Have you been convicted of a felony or misdemeanor?  Yes  No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Are you currently on probation / parole?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

**Conviction History Certification and Signature** (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT	DATE
------------------------	------

**Employment Information** - This section is to be completed by the master plumber supervising the applicant

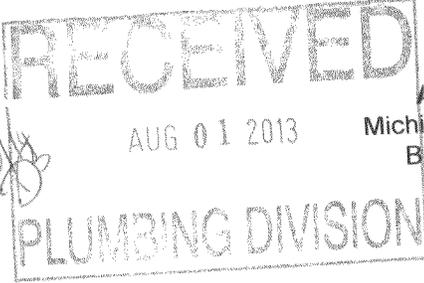
NAME OF EMPLOYER <i>Miller Brother Builders Inc.</i>			NAME OF MASTER PLUMBER <i>Anthony Ganger</i>		
BUSINESS ADDRESS <i>1819 East Monroe St.</i>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <i>1992</i> To: <i>present</i> <i>Employed by Miller brothers</i>		
CITY <i>Goshen</i>	STATE <i>IN</i>	ZIP CODE <i>46528</i>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week <i>50</i>		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Residential - new &amp; remodel Commercial Service</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <i>(Harvey J.A. Miller)</i> this <i>5</i> day of <i>November</i> , <i>2013</i>		
SIGNATURE OF MASTER PLUMBER <i>Anthony E. Ganger</i>			a Notary Public in and for <i>Elkhart</i> County, Michigan.		
LICENSE NUMBER <i>PC10600180</i>			Signature of Notary Public <i>HARVEY J.A. MILLER</i> My Commission expires: <i>Oct 26, 2016</i>		

**Previous Employer** - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: To:		
CITY	STATE	ZIP CODE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____ this _____ day of _____, _____		
SIGNATURE OF MASTER PLUMBER			a Notary Public in and for _____ County, Michigan.		
LICENSE NUMBER			Signature of Notary Public _____ My Commission expires: _____		

**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT <i>Anthony E. Ganger</i>	DATE <i>11-4-13</i>



Application for Master Plumber Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330
www.michigan.gov/bcc

Trans Info: 92 18824571-1 07/29/13
Chk#: 14716979829 Amt: \$100.00
ID: RUSSE KIRK DANIEL

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733
Completion: Necessary for examination consideration
Penalty: Application cancelled and fee forfeited
LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

GMC - YES

hold a journey license issued under 2002 PA 733 and have a minimum of 4,000
riod of at least 2 years immediately preceding the date of application.

Out of State Experience

in ink.
ember must certify your dates of employment and have their signature notarized.
an.
tted) and payment to the address listed above.

Eligibility of Applicants From Another State or Country

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board
that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-
of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

OFFICE USE ONLY
T-81 | 2854

Applicant Information

Form with fields for NAME (Last, First, Middle), HOME ADDRESS, CITY, STATE, ZIP, COUNTY, DATE OF BIRTH, LAST 4 DIGITS OF SOCIAL SECURITY NUMBER. Includes handwritten name 'Russ Kirk Daniel' and redacted information.

Current Status

Form with 3 questions regarding previous applications, Michigan licensing, and out-of-state licensing. Includes handwritten answers and checkboxes.

Examination Preference

Form with text explaining examination dates and preference selection. Includes handwritten preference 'September' and a checkbox for 'No Preference - Next Available Examination'.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**Employment Information - This section is to be completed by the master plumber supervising the applicant**

NAME OF EMPLOYER <i>K Roberts Plumbing</i>			NAME OF MASTER PLUMBER <i>Kase Roberts</i>		
BUSINESS ADDRESS <i>20415 Hesselt Hessel</i>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: _____ To: _____		
CITY <i>Detroit</i>	STATE <i>Mi</i>	ZIP CODE <i>48219</i>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week _____		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

**Previous Employer - This section is to be completed by the master plumber who supervised the applicant**

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: _____ To: _____		
CITY	STATE	ZIP CODE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week _____		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT <i>[Signature]</i>	DATE <i>7-24-13</i>



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

September 17, 2013

Mr. Kirk D. Russ



Dear Mr. Russ:

This letter is to notify you that the Plumbing Division has received your incomplete **Application for Master Plumber Examination.**

Your original application will be placed in our pending file until you complete the Employment Information section on the enclosed application and return to us. Experience in the State of Michigan will not be acceptable to qualify for examination since you are not a licensed Journey Plumber in the state. **If you would like to be considered for the examination based on your out of state experience, provide your out of state experience in the Employment Information section on the enclosed application.**

Please return this letter with the completed application to:

Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes, Plumbing Division  
P.O. Box 30254  
Lansing, Michigan 48909

If you have any questions, contact this office at (517) 241-9330.

Sincerely,

Joseph T. Madziar, Chief  
Plumbing Division

JTM/sjl  
Enclosure

*Providing for Michigan's Safety in the Built Environment*

LARA is an equal opportunity employer  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570

Pending File

**Employment Information - This section is to be completed by the master plumber supervising the applicant**

NAME OF EMPLOYER <i>Russ Plumbing</i>			NAME OF MASTER PLUMBER <i>Kirk Russ</i>		
BUSINESS ADDRESS <i>501 Silver Springs Lane</i>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <i>9-09</i> To: <i>10-12</i>		
CITY <i>Elgin</i>	STATE <i>SC</i>	ZIP CODE <i>29045</i>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week _____		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>All Phases of service repair &amp; residential new construction</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

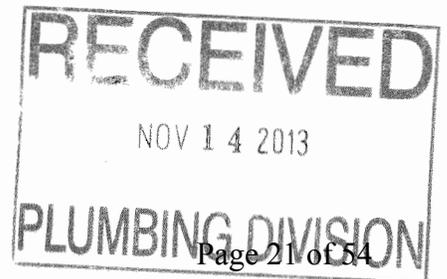
**Previous Employer - This section is to be completed by the master plumber who supervised the applicant**

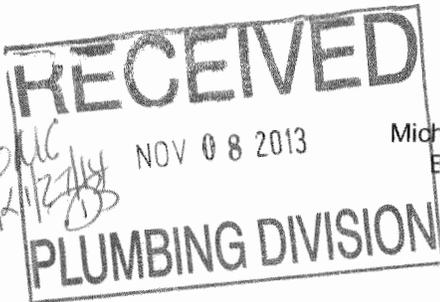
NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: _____ To: _____		
CITY	STATE	ZIP CODE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week _____		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER <i>[Signature]</i>			this _____ day of _____		
LICENSE NUMBER <i>002110110</i>			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT <i>[Signature]</i>	DATE <i>11-6-13</i>

*Kirk Russ*





Application for Master Plumber Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330
www.michigan.gov/bcc

Iran Info:92 19045732-1 11/04/13
Chk#: 14405 Amt: \$100.00
ID: ELLISON PLUMBING & PIPING INC

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733
Completion: Necessary for examination consideration
Application cancelled and fee forfeited
LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Out of State Experience

je, hold a journey license issued under 2002 PA 733 and have a minimum of 4,000 period of at least 2 years immediately preceding the date of application.

Employment Section incomplete

int in ink.
umber must certify your dates of employment and have their signature notarized.

- Enclose a check made payable to the State of Michigan.
• Mail completed application (all pages must be submitted) and payment to the address listed above.

Eligibility of Applicants From Another State or Country

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

OFFICE USE ONLY
T-81 12873

Applicant Information

Form with fields: NAME (Last, First, Middle), LAST 4 DIGITS OF SOCIAL SECURITY NUMBER, HOME ADDRESS, DATE OF BIRTH, CITY, COUNTY, STATE, ZIP CODE, TELEPHONE NUMBER (Include Area Code)

Current Status

Form with questions: 1. Have you previously applied to take the Michigan master plumber examination? 2. Have you been licensed as a journey plumber in Michigan? 3. Are you licensed as a master plumber in another state or country?

Examination Preference

Form with text: Examinations are conducted in March, June, September and December of each year. Preferred Date, [X] No Preference - Next Available Examination

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**Background Information**

Have you been convicted of a felony or misdemeanor?  Yes  No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

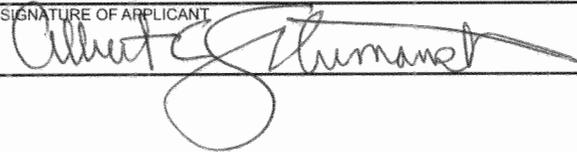
In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Are you currently on probation / parole?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

**Conviction History Certification and Signature** (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT 	DATE OCT 25, 2013
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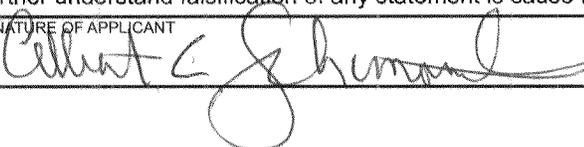
**Employment Information - This section is to be completed by the master plumber supervising the applicant**

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____, _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____, _____		

**Previous Employer - This section is to be completed by the master plumber who supervised the applicant**

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____, _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____, _____		

**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT 	DATE Oct 25, 2013



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

November 25, 2013

Mr. Albert C. Schimanski  
[REDACTED]

Dear Mr. Schimanski:

This letter is to notify you that the Plumbing Division has received your incomplete **Application for Master Plumber Examination**.

Your original application will be placed in our pending file until you complete the Employment Information section on the enclosed application and return to us. **If you would like to be considered for the examination based on your out of state experience, your out of state experience must be provided in the Employment Information section on the enclosed application.** In addition, please provide copies of your out of state licenses and licensing requirements for those states.

Please return this letter with the completed application to:

Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes, Plumbing Division  
P.O. Box 30254  
Lansing, Michigan 48909

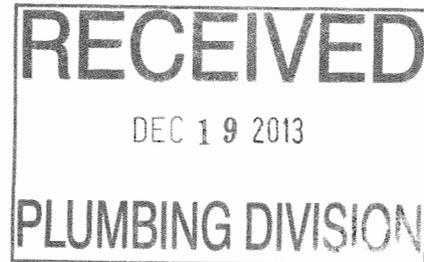
If you have any questions, contact this office at (517) 241-9330.

Sincerely,

Joseph T. Madziar, Chief  
Plumbing Division

JTM/jal

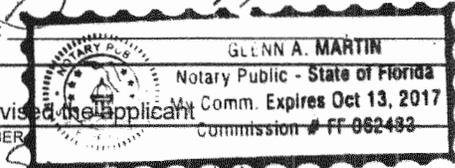
Enclosure



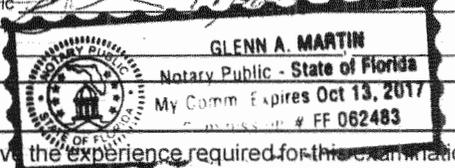
*Providing for Michigan's Safety in the Built Environment*

LARA is an equal opportunity employer  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570

**Employment Information - This section is to be completed by the master plumber supervising the applicant**

NAME OF EMPLOYER <u>ELISON Plumbing &amp; Piping</u>			NAME OF MASTER PLUMBER <u>ALBERT SCHIMANSKI</u>		
BUSINESS ADDRESS <u>4360 DAWES LANE E</u>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <u>8/01/12</u> To: <u>Present</u>		
CITY <u>MOBILE</u>	STATE <u>AL</u>	ZIP CODE <u>36619</u>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week <u>40</u>		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <u>Supervise, PLAN Reading, Estimating, Plumbing/Gas</u>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <u>GLENN A. MARTIN</u> this <u>13</u> day of <u>DECEMBER</u> , <u>2013</u>		
SIGNATURE OF MASTER PLUMBER <u>[Signature]</u>			a Notary Public in and for <u>VALUSIA</u> County, Michigan		
LICENSE NUMBER <u>CFC1428791</u>			Signature of Notary Public <u>[Signature]</u> My Commission expires: 		

**Previous Employer - This section is to be completed by the master plumber who supervised the applicant**

NAME OF EMPLOYER <u>ALCON PHARM</u>			NAME OF MASTER PLUMBER <u>ALBERT SCHIMANSKI</u>		
BUSINESS ADDRESS <u>27 BROOKS RD</u>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <u>4/10/1988</u> To: <u>4/02/2007</u>		
CITY <u>Wappinger Falls</u>	STATE <u>NY</u>	ZIP CODE <u>12590</u>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week <u>50</u>		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <u>INSTALL, Repair, design, Estimate DWV/WATER systems, GAS systems, Heating + A/C systems for Residential, Commercial - Industrial Plumbing</u>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <u>GLENN A. MARTIN</u> this <u>13<sup>th</sup></u> day of <u>DECEMBER</u> , <u>2013</u>		
SIGNATURE OF MASTER PLUMBER <u>[Signature]</u>			a Notary Public in and for <u>VALUSIA</u> County, Michigan		
LICENSE NUMBER <u>2436</u>			Signature of Notary Public <u>[Signature]</u> My Commission expires: 		

**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT <u>Albert C Schimanski</u>	DATE <u>12/13/2013</u>

SCHIMANSKI, ALBERT C

PENDING MASTER

Original application is held in the Plumbing Division's office. Please complete the application and return to us promptly.



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783**

**(850) 487-1395**

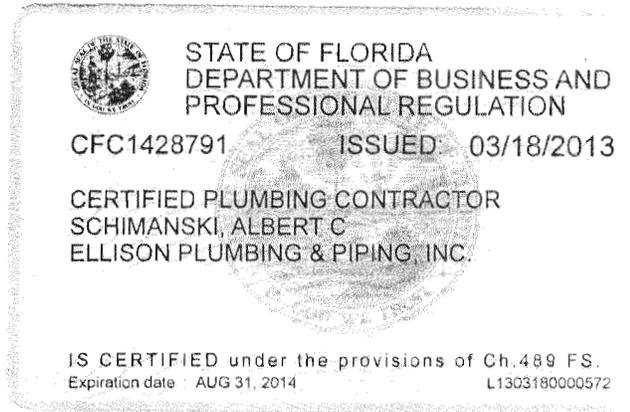
**SCHIMANSKI, ALBERT C  
ELLISON PLUMBING & PIPING, INC.**



Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to [www.VivaFlorida.org](http://www.VivaFlorida.org).

DETACH HERE

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD**



<b>LICENSE NUMBER</b>	
CFC1428791	

The PLUMBING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2014

**SCHIMANSKI, ALBERT C  
ELLISON PLUMBING & PIPING, INC.**



# TEXAS STATE BOARD PLUMBING *of* EXAMINERS



BE IT KNOWN THAT

*ALBERT C SCHIMANSKI*

HAVING SUCCESSFULLY FULFILLED THE REQUIREMENTS OF THE BOARD IN ACCORDANCE WITH THE PLUMBING LICENSE LAW IS HEREBY LICENSED TO PRACTICE IN THE STATE OF TEXAS AS A

*MASTER Plumber*

*Effective February 09, 2013*

THIS LICENSE IS NOT TRANSFERABLE

TEXAS STATE BOARD  
PLUMBING *of* EXAMINERS

IN WITNESS WHEREOF WE HAVE SET OUR HANDS  
AND AFFIXED THE SEAL OF THE BOARD ON

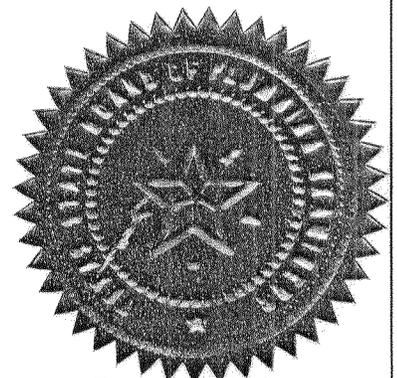
*February 11, 2013*

A stylized signature in black ink, appearing to be "A. Hill", written over a horizontal line.

Chair

A signature in black ink, appearing to be "Lisa Hill", written over a horizontal line.

Executive Director



*M-40524*

State of Mississippi  
Building And Associated Trade Contractors  
Score Report

ALBERT C SCHIMANSKI  
[REDACTED]  
[REDACTED]  
[REDACTED] [REDACTED]

---

The Mississippi Contractor Licensing Board is pleased to advise that you have successfully completed the examination listed below on 01/12/2013.

**PLUMBING  
PASS**

In order to be considered for licensure as a General Contractor, you must successfully pass both the Business and Law and the appropriate Trade examination. (Residential Builder need only pass the Residential Builder examination).

Your examination results will be provided to the Board once you have successfully completed the testing process. The board will then notify you regarding the next steps in your licensing process. The Board reviews license applications at each quarterly board meeting.

You will be notified by the Board when your license is granted.

# CONSTRUCTION INDUSTRIES BOARD

No 00146379 Date November 13, 2012

*This is to certify that*

**ALBERT C SCHIMANSKI**

Has fulfilled the requirements of the Plumbing Licensing Law  
and is hereby granted this certificate as licensed

## PLUMBING CONTRACTOR



To be in force throughout the State of Oklahoma unless  
revoked for cause as authorized by law.

*Harry S. Bean*

Chairman, Construction Industries Board

*Janis Hubbard*

Administrator, Construction Industries Board



ALBERT SCHIMANSKI



**State of Colorado  
Examining Board of Plumbers**

License No.  
000190156

Discipline

**Master Plumber**

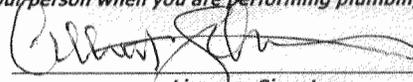
Issue Date  
8/9/2012

Expiration Date  
08/31/2013

VOID IF ALTERED  
NON-TRANSFERABLE

**Important Information**

*If this card is lost or destroyed, notify Office of Support Services, 1560 Broadway, Suite 1340, Denver, CO, 80202, telephone (303) 894-7800. If your address listed on this card changes, notify the Plumbing Board. This license is subject to the provisions of the Plumbing Statute and shall not be loaned or assigned to anyone else. Plumbing Board rules require that this license must be kept on your person when you are performing plumbing work.*

  
\_\_\_\_\_  
Licensee Signature

**State of Colorado Examining Board of Plumbers**

Department of Regulatory Agencies  
Division of Registrations

BE IT KNOWN THAT

**ALBERT SCHIMANSKI**

has successfully met the requirements to be licensed as a  
Master Plumber in the State of Colorado

License No.  
000190156

Issue Date  
8/9/2012

Expiration Date  
08/31/2013



Acting Director, Divisions of Registrations

VOID IF ALTERED NON-TRANSFERABLE

State of South Dakota  
NSB-FL-E0424-13-1811C  
PLUMBING CONTRACTOR  
SCHIMANSKI, ALBERT

Expires December 31, 2014

# South Dakota State Plumbing Commission

Permit No. NSB-FL-R0409-13-1811C



THIS IS TO CERTIFY THAT

*Albert Schimanski*

*has fulfilled the requirements of the law relating to the licensing of  
Plumbers in the State of South Dakota, Chapter 36-25  
Compiled Laws and is hereby granted this certificate as a licensed and registered*

**PLUMBING CONTRACTOR**

*To be in force for the year ending December 31, 2013*

*Dan Smith*  
President

*Michael Richards*  
Executive Director

CERTIFICATE OF STATE ENDORSEMENT

As Executive Director of the licensing authority for the State of

South Dakota, I hereby certify that [REDACTED]

Albert C Schimanski Of [REDACTED]

(Name of Applicant) (City) (St:

was granted on the 24th day of April, 2013  
license number NSB-FL-E0424-13-1811C as a

licensed PLUMBING CONTRACTOR.  
(Master or Journeyman)

Plumber on the basis of a state examination in which he/she  
received a passing grade of [REDACTED]

I further certify that such license has never been revoked or  
suspended since its issuance and is presently in force. I believe the  
applicant to be a person of good moral character and worthy as a  
proper person to receive reciprocal recognition by the following state  
plumbing board.

South Dakota       North Dakota  
 Montana             Minnesota  
 Colorado             Iowa

This 24th day of April, 2013.

Signature: Nina Ripley



Full Title: Secretary

Office Name of License Authority: State Plumbing Commission

Address: 308 S. Pierre St.

OFFICIAL SEAL

Pierre, SD 57501

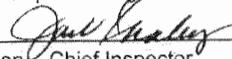


**MASTER PLUMBER**  
ND STATE PLUMBING BOARD  
SFN 13149 (10-2012)

2013 License No. 1436

This certifies ALBERT SCHIMANSKI

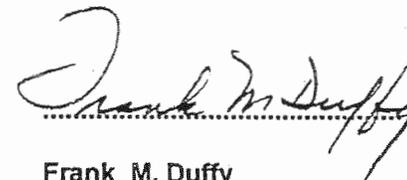
of [REDACTED]  
has met the requirements of the State Plumbing Board in  
accordance with NDCC Chapter 43-18. Carry this card with  
you when performing work. Expires December 31, 2013

  
Secretary - Chief Inspector

**WESTCHESTER COUNTY  
BOARD OF PLUMBING EXAMINERS  
CERTIFICATE OF COMPETENCY**

This is to certify that ....Albert Schimanski.... has satisfied the examination requirements of the Westchester County Board of Plumbing Examiners to be a Master Plumber for the entire county of Westchester, pursuant to the Rules and Regulations set forth in The Westchester County Plumbing Licensing Law, Article XV of Section 277, a Certificate of Competency is hereby granted.

Date ....July 11, 1996...



Frank M. Duffy  
Chairman

CERTIFICATE NO. 020

FEE: 250.<sup>00</sup>

LIC. PLATE NO. 436

# COUNTY OF PUTNAM 2003 PLUMBER'S LICENSE

ALBERT SCHIMANSKI

maintaining a place of business at WAPPINGER FALLS, N.Y.  
in the COUNTY OF DUTCHESS, is hereby granted a LICENSE pursuant  
to the provision of Putnam County Plumbing License Law - Local Law 4 of the year 1988, to  
engage in the plumbing trade in the County of Putnam, State of New York.

This LICENSE expires December 31, 2003, is not transferable, and must be renewed annually.

I hereby certify that the foregoing is a true copy. PLUMBING BOARD OF PUTNAM COUNTY

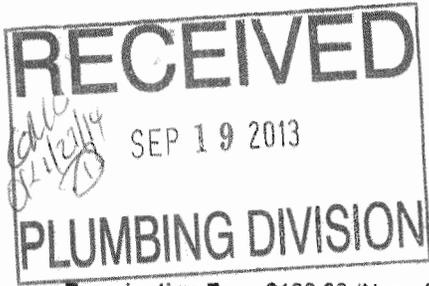
Dated: 10/25, of the Year 2002  
for 2003

*Robert P. Krupchak*  
Chairman

Attested: *Doyle E. Nolan*  
Secretary

NOT TRANSFERABLE





Application for Master Plumber Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330
www.michigan.gov/bcc

92

Tran Info: 92 18935690-1 09/16/13
Chk#: 508051 Amt: \$100.00
ID: ANDREWS UNIVERSITY

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733
Completion: Necessary for examination consideration

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Employment Section incomplete

hold a journey license issued under 2002 PA 733 and have a minimum of 4,000
period of at least 2 years immediately preceding the date of application.

in ink.

number must certify your dates of employment and have their signature notarized.

Out of State Experience

- Enclose a check made payable to the State of Michigan.
Mail completed application (all pages must be submitted) and payment to the address listed above.

Eligibility of Applicants From Another State or Country

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

OFFICE USE ONLY

T-81 12859

Applicant Information

Form with fields: NAME (Last, First, Middle), HOME ADDRESS, STATE, ZIP CODE, LAST 4 DIGITS OF SOCIAL SECURITY NUMBER, DATE OF BIRTH, COUNTY, TELEPHONE NUMBER (include Area Code). Includes handwritten name Warner Patrick F.

Current Status

Form with questions: 1. Have you previously applied to take the Michigan master plumber examination? 2. Have you been licensed as a journey plumber in Michigan? 3. Are you licensed as a master plumber in another state or country? Includes handwritten answers and license numbers.

Examination Preference

Form with text: Examinations are conducted in March, June, September and December of each year. Preferred Date: Dec. No Preference - Next Available Examination.

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**Background Information**

Have you been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED
DATE(S) OF CONVICTION(S) AND SENTENCE(S)
NAME AND ADDRESS OF SENTENCING COURT(S)
CHECK YES OR NO TO THE FOLLOWING 1. Are you a current inmate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

**Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)**

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).	
SIGNATURE OF APPLICANT	DATE

**Employment Information - This section is to be completed by the master plumber supervising the applicant**

NAME OF EMPLOYER <i>Andrews University</i>			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan		
			Signature of Notary Public _____		
			My Commission expires: _____		

**Previous Employer - This section is to be completed by the master plumber who supervised the applicant**

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan		
			Signature of Notary Public _____		
			My Commission expires: _____		

**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT <i>Edward W. ...</i>	DATE <i>9/4/13</i>

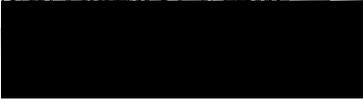


RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

November 4, 2013

Mr. Patrick E. Warner  


Dear Mr. Warner:

This letter is to notify you that the Plumbing Division has received your incomplete **Application for Master Plumber Examination**.

Your original application will be placed in our pending file until you complete the Employment Information section on the enclosed application and return to us. **If you would like to be considered for the examination based on your out of state experience, please provide 2 years of your out of state experience immediately preceding the date of this application in the Employment Information section on the enclosed application.**

Please return this letter with the completed application to:

Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes, Plumbing Division  
P.O. Box 30254  
Lansing, Michigan 48909

If you have any questions, contact this office at (517) 241-9330.

Sincerely,

Joseph T. Madziar, Chief  
Plumbing Division

JTM/jal  
Enclosure

*Providing for Michigan's Safety in the Built Environment*

LARA is an equal opportunity employer  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570

**Employment Information** - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER <i>Warner Plumbing &amp; Htg</i>			NAME OF MASTER PLUMBER <i>Myself</i>		
BUSINESS ADDRESS <i>95 Shepardson RD</i>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <i>4/1/96</i> To: <i>6/1/2012</i>		
CITY <i>WARWICK</i>	STATE <i>MA</i>	ZIP CODE	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week <i>40</i>		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>all phases of plumbing work</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____ this _____ day of _____, a Notary Public in and for _____ County, Michigan.		
SIGNATURE OF MASTER PLUMBER <i>Patrick Warner</i>			Signature of Notary Public _____		
LICENSE NUMBER <i>MA 13190 NA 4881</i>			My Commission expires: _____		

**Previous Employer** - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER <i>ATLANTIC Union College</i>			NAME OF MASTER PLUMBER <i>Myself</i>		
BUSINESS ADDRESS <i>Main St</i>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <i>7/1/1988</i> To: <i>4/1/1996</i>		
CITY <i>Lancaster</i>	STATE <i>MA</i>	ZIP CODE <i>01561</i>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week _____		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Mostly Maint. &amp; Repair of campus plumbing &amp; Heating systems &amp; campus housing</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____ this _____ day of _____, a Notary Public in and for _____ County, Michigan.		
SIGNATURE OF MASTER PLUMBER <i>Patrick Warner</i>			Signature of Notary Public _____		
LICENSE NUMBER <i>MA 13190 NA 4881</i>			My Commission expires: _____		

**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT <i>Patrick Warner</i>	DATE <i>11/11/13</i>

WARNER, PATRICK F  
PENDING MASTER FILE

Original application is held in the Plumbing Division's office, Please complete the application and return to us promptly.

August 19, 2013

To Whom It May Concern:

I am looking to take the Michigan Master Plumber Exam. I currently hold a Master Plumber license in New Hampshire and Journeyman and Master Plumber licenses in Massachusetts. Attached you will find the criteria for obtaining license in both states. I would like to know if these qualifications allow me to take the Master Plumber's exam in the state of Michigan.

Please contact me at



Patrick Warner



COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE - BOARD OF  
PLUMBERS AND GASFITTERS  
LICENSED AS A MASTER PLUMBER

ISSUES THE ABOVE LICENSE TO:

PATRICK F WARNER

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

13199

05/01/14

163138

LICENSE NO.

EXPIRATION DATE

SERIAL NO.

*Signature*  
Signature

STATE OF NEW HAMPSHIRE

BUREAU OF BUILDING SAFETY & CONSTRUCTION

PLUMBING SAFETY SECTION

NAME: PATRICK F WARNER

LIC # 4881 M

EXPIRES: 03/31/2014

**MASTER**

**MICHIGAN STATE PLUMBING BOARD  
BUREAU OF CONSTRUCTION CODES**

2501 Woodlake Circle  
Okemos, Michigan 48864

**Appeal Docket No.  
CCC-PLBG-14-001**

**Petitioner,** Mr. Tom Derocher, Derocher Construction

vs

**Respondent,** Michigan Department of Licensing and Regulatory Affairs, Bureau of Construction Codes

**NOTICE OF HEARING**

Date: February 25, 2014  
Time: 10:00 a.m. Eastern Standard Time  
Location: 2501 Woodlake Circle, Conference Room #3, Okemos, Michigan

Pursuant to the authority contained in Section 16 of 1972 PA 230, the Stille-DeRossett-Hale Single State Construction Code Act (MCLA 125.1516).

A Hearing will be held in response to the request of Mr. Tom Derocher, Derocher Construction, 3118 E. Hill Rd, Grand Blanc, Michigan 48439 for Al Serra Chevrolet, 6167 S. Saginaw Rd., Grand Blanc, Michigan 48439 to appeal for relief from the requirements of Section 410.1 of the 2009 edition of the Michigan Plumbing Code.

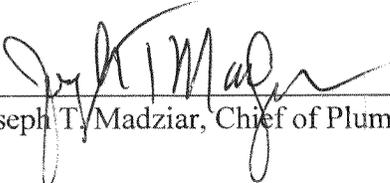
Section 410.1 of the Michigan Plumbing Code states in part, "where drinking fountains are required, water coolers or bottled water dispensers shall be permitted to be substituted for not more than 50 percent of the required drinking fountains."

The applicant or representative will be given the opportunity to address the board's questions and concerns regarding the code relief being sought by the applicant.

**Exhibits:**

Exhibit A Copy of the application received from Mr. Derocher dated September 23, 2013.

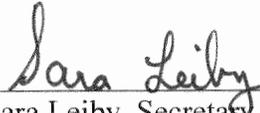
MICHIGAN STATE PLUMBING BOARD

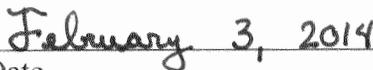
  
\_\_\_\_\_  
Joseph T. Madziar, Chief of Plumbing Division

1-31-2014  
Date

**PROOF OF SERVICE**

I hereby state, to the best of my knowledge, information, and belief, that a copy of the foregoing document was served on this date upon all parties and/or attorneys of record in this matter by email to those parties employed by the State of Michigan and by first class mail to the remaining parties at their respective addresses as disclosed below.

  
\_\_\_\_\_  
Sara Leiby, Secretary  
Plumbing Division  
Bureau of Construction Codes

  
\_\_\_\_\_  
Date

Mr. Tom Derocher  
Derocher Construction  
3118 E. Hill Rd.  
Grand Blanc, MI 48439

Mr. Joe Serra  
Serra Automotive Group  
3118 E. Hill Rd.  
Grand Blanc, MI 48439

Todd Cordill, Chief Plan Review Division  
Bureau of Construction Codes

Members of the State Plumbing Board



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

January 31, 2014

Mr. Tom Derocher  
Derocher Construction  
3118 E. Hill Rd.  
Grand Blanc, MI 48439

Dear Mr. Derocher:

Attached is a Notice of Hearing regarding an appeal from the requirements of Section 410.1 of the Michigan Plumbing Code for Al Serra Chevrolet, 6167 S. Saginaw Rd., Grand Blanc, Michigan 48439, CCC-PLBG-14-001.

This hearing is in response to your request to appeal for relief from the requirements of the above referenced code section which requires drinking fountains for building occupants.

Please be prepared to address the board's concerns and provide any information which will aid in their decision. Additionally, please respond to the following inquiries in writing to my office to further aid the board in this matter:

1. What is the status of construction?
2. Provide a copy of the water analysis for the building.

If you have any further questions prior to the meeting, please contact me at (517) 241-9330.

Sincerely,

Joseph T. Madziar, Chief  
Plumbing Division

JTM/sjl

Attachment

*Providing for Michigan's Safety in the Built Environment*

LARA is an equal opportunity employer  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570

RECEIVED

OCT 01 2013

PLUMBING DIVISION

**Application for Construction Code Appeal**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9328  
 www.michigan.gov/bcc

Agency Use Only

CCC-PLBG-14-001  
\$500 9/26/13

Application Fee: \$500.00

Authority: 1972 PA 230  
 Completion: Voluntary  
 Penalty: Appeal will not be heard

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Note: The applicant is responsible for all fees applicable to this application.

FACILITY INFORMATION				
FACILITY NAME		ADDRESS		
Al Serra Chevrolet		6167 S. Saginaw Rd		
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH FACILITY IS LOCATED				COUNTY
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input checked="" type="checkbox"/> Township	of: Grand Blanc	Genesee
BUILDING DATA				
GROSS FLOOR AREA				
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Alteration	7816	<input type="checkbox"/> Repair
CLASSIFICATION PER BUILDING CODE				
Building Use	B/S-1	Construction Type	IIIB	No. of Occupants 232 Area/Floor 38548 No. of Floors 1
PERMIT HOLDER				
NAME (Company or Individual)		CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)
Derocher Construction		Tom Derocher		(810) 695-9838
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER (Include Area Code)
3118 E. Hill Rd	Grand Blanc	MI	48439	(810) 694-5411
BUILDING OWNER				
NAME (Company or Individual)		CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)
Serra Automotive Group		Joe Serra		(810) 694-1720
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER (Include Area Code)
3118 E. Hill Rd	Grand Blanc	MI	48439	
BUILDING PERMIT AUTHORITY				
ENFORCING AGENCY		BUILDING OFFICIAL NAME		TELEPHONE NUMBER (Include Area Code)
Grand Blanc Township		Ted Sczepsanski		(810) 424-2792
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER (Include Area Code)
5371 S. Saginaw St.	Grand Blanc	MI	48439	(810) 424-2783
SUMMARY OF APPEAL				
CODE UNDER WHICH APPEAL IS SOUGHT				
<input type="checkbox"/> Building (141)	<input type="checkbox"/> Electrical (116)	<input type="checkbox"/> Mechanical (131)	<input checked="" type="checkbox"/> Plumbing (99)	
CODE SECTION(S)		Provide copies of the following as appropriate (see instructions for number of copies):		
MPC 2009 Section 410.1		<input checked="" type="checkbox"/> Statement of Facts and Reasoning		
DESIRED RELIEF (State Briefly)		<input type="checkbox"/> Copy of Enforcing Agency Determination		
Building owner would like to provide bottled water dispensers for 100% of required drinking fountains		<input type="checkbox"/> Supporting Material		
BASIS OF APPEAL (State Briefly)		<input type="checkbox"/> Copy of Decision of Local Board of Appeals		
Existing building is on a well. The water from this well is very hard and has a high iron content. The water has an unappealing and unpleasant taste.		<input type="checkbox"/> Transcript of Local Board of Appeals Hearing		
APPLICANT (Note: All correspondence will be sent to this address)				
NAME OF COMPANY			APPLICANT NAME	
Derocher Construction			Tom Derocher	
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
3118 E. Hill Rd	Grand Blanc	MI	48439	(810) 695-9838
APPLICANT SIGNATURE (Must be an original signature)		DATE	FAX NUMBER (Include Area Code)	
		9/23/13	(810) 694-5411	

**Instructions for Application for Construction Code Appeal**

**Facility Information:** Provide all information requested.

**Building Data:** Provide all information requested from the building permit or plan review.

**Permit Holder:** Provide the information requested for the entity named on the permit.

**Building Owner:** Provide the information requested for the entity that owns the building, which is the subject of the appeal.

**Building Permit Authority:** Provide all information requested for the enforcing agency.

**Summary of Appeal:** Code; provide the code under which an appeal is sought. Code Section(s); provide the code section(s) that are the subject of the appeal. Desired Relief; describe the remedy being sought. Basis of Appeal; provide a brief statement why the requested remedy should be granted. Provide Copies; provide copies of the documents as listed below:

- Building Code - 8 copies
- Electrical Code - 3 copies
- Mechanical Code - 1 copies
- Plumbing Code - 11 copies

**Applicant:** Provide all information requested.

**Note:** If the decision being appealed is that of a local Board of Appeals, this application and the filing fee must be received in our office within 10 business days of the filing of the decision of the local board of appeals in accordance with Section 16 of 1972 PA 230.

U.S. Postal Service  
 MI Dept. of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 (Address to appropriate division-Electrical Division,  
 Mechanical Division or Plumbing Division  
 Please address Building appeals to Plan Review  
 Division)  
 P.O. Box 30255  
 Lansing, MI 48900

Courier Other Than U.S. Postal Service  
 MI Dept. of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 (Address to appropriate division-Electrical Division,  
 Mechanical Division or Plumbing Division  
 Please address Building appeals to Plan Review  
 Division)  
 2501 Woodlake Circle  
 Okemos, MI 48864

Validation Area

Tran Info:99 18964708-1 09/26/13  
 Chk#: 5710 Amt: \$500.00  
 ID: DEROCHE CONSTRUCTION



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

January 31, 2014

Ms. Karine Gulati  
Custom Building Products, Inc.  
13001 Seal Beach Blvd.  
Seal Beach, CA 90740

Dear Ms. Gulati:

I am writing in response to your December 3, 2013 Petition Applications for Certificates of Acceptability for Custom Building Products, Inc., RedGard Fabric Membrane, RedGard Crack Prevention and Waterproofing Membrane, and Custom 9240 Waterproofing and Anti-Fracture Membrane, BCCP-14-001-003.

It is our intention to present your product to the State Plumbing Board at their next scheduled meeting, February 25, 2014. The meeting will be located at 2501 Woodlake Circle, 1<sup>st</sup> floor, Conference Room 3, Okemos, MI 48864. The meeting will begin at 10:00 a.m., Eastern Standard Time. A map is enclosed for your convenience.

Your attendance or your company's representative's attendance will be helpful, should the board have any questions or concerns. Should the board have a favorable position regarding your product's acceptance, they will forward it to the Construction Code Commission for final approval.

If you have any questions prior to the State of Michigan Plumbing Board Meeting, please feel free to contact the Plumbing Division at (517)241-9330.

Sincerely,

A handwritten signature in black ink that reads "Joseph T. Madziar".

Joseph T. Madziar, Chief  
Plumbing Division

JTM/sjl

Enclosure

*Providing for Michigan's Safety in the Built Environment*

LARA is an equal opportunity employer  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

January 31, 2014

TO: Members of the State Plumbing

FROM: Joseph T. Madziar, Chief, Plumbing Division 

SUBJECT: Certificate of Acceptance for Custom Building Products, Inc., RedGard Fabric Membrane, Models RFM54 and RFM323, BCCP-14-001

The applicant has requested consideration for product approval of a product that will be used as a waterproof membrane in a tiled shower and other high demand wet areas.

**APPLICANT REPRESENTATIVE:**

Ms. Karine Gulati

**APPLICANT**

Custom Building Products, Inc.  
13001 Seal Beach Blvd.  
Seal Beach, CA 90740

**AUTHORITY:**

Section 21 of 230, 1972 being section 125.1521 of the Michigan Compiled Laws.

**PRODUCT:**

RedGard Fabric Membrane, Models RFM54 (1m x 5m rolls) and RFM323 (1m x 3m roll), 2-sided polyester fleece laminated polyethylene sheet membrane

**PRODUCT DESCRIPTION:**

RedGard Fabric Membrane is applied as a waterproofing member for use in both horizontal and vertical tiling applications such as showers and other high demand wet environments.

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The membrane is suitable for installation over concrete, lightweight concrete, cement mortar, masonry, cement backer board, gypsum wallboard, and other surfaces per manufacturer's instructions.

**APPLICATION:**

This product will be used as the waterproofing material under tile installed in non-prefabricated shower stalls.

**APPROVALS/ TESTS:**

ICC-ES Listing PMG-1188, Certified to ANSI A118.10-2008

**APPLICABLE CODE SECTION:**

Michigan Plumbing Code

Section 417.5.2 Shower lining states in part: Floors under shower compartments, except where prefabricated receptors have been provided, shall be lined and made water tight utilizing material complying with Sections 417.5.2.1 through 417.5.2.6.

Section 417.5.2.6 Liquid-type, trowel-applied, load-bearing, bonded waterproof materials. Liquid-type, trowel-applied, load bearing, bonded waterproof materials shall meet the requirements of ANSI A118.10 and shall be applied in accordance with the manufacturer's instructions.

**CONDITIONS OF USE AND INSTALLATION:**

1. All requirements of the Michigan Plumbing Code shall be applicable.
2. Installations shall be in accordance with the manufacturer's specifications.
3. This approval shall become void if and when the product no longer meets the requirements of the Michigan Plumbing Code or a change in design/designation occurs.

**RECOMMENDATION:**

Staff has reviewed this product approval submission and recommends the product be forwarded to the commission for approval.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

January 31, 2014

TO: Members of the State Plumbing  
FROM: Joseph T. Madziar, Chief, Plumbing Division *JTM*  
SUBJECT: Certificate of Acceptance for Custom Building Products, Inc., RedGard Crack Prevention and Waterproofing Membrane, Models LQWAF1 and LQWAF3, BCCP-14-002

The applicant has requested consideration for product acceptance for a liquid applied elastomeric waterproofing material that cures to form a monolithic membrane for tile and stone applications.

**APPLICANT REPRESENTATIVE:**

Ms. Karine Gulati

**APPLICANT:**

Custom Building Products, Inc.  
13001 Seal Beach Blvd  
Seal Beach, CA 90740

**AUTHORITY:**

Section 21 of 230, 1972 being section 125.1521 of the Michigan Compiled Laws.

**PRODUCT:**

RedGard Crack Prevention and Waterproofing Membrane, Models LQWAF1 (1 gallon pail) and LQWAF3 (3.5 gallon pail)

**PRODUCT DESCRIPTION:**

RedGard Crack Prevention and Waterproofing Membrane is a liquid applied, ready to use, elastomeric waterproofing membrane for both commercial and residential tile and stone applications. The product creates a continuous waterproofing barrier with

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outstanding adhesion and reduces crack transmission in tile and stone floors. It bonds directly to clean metal drains, PVC, stainless steel, and ABS drain assemblies and can be used as a slab-on-grade vapor barrier under all types of floor coverings. Tile used in shower stall applications are adhered directly to this membrane.

**APPLICATION:**

This product will be used as the waterproofing material under the tile installed in non-prefabricated shower stalls. The product will be used for floors and walls in these shower installations.

**APPROVAL/ TESTS:**

SGS U.S. Testing Company Inc., Tulsa, OK, Test Report No. 2119253-R1

Certified to ANSI A118.10-2008 by IAPMO File No. 4244

ICC Evaluation Service, ICC-ES Evaluation Report ESR-1413

**APPLICABLE CODE SECTION:**

Michigan Plumbing Code

Section 417.5.2 Shower lining states in part: Floors under shower compartments, except where prefabricated receptors have been provided, shall be lined and made water tight utilizing material complying with Sections 417.5.2.1 through 417.5.2.6.

Section 417.5.2.6 Liquid-type, trowel-applied, load-bearing, bonded waterproof materials. Liquid-type, trowel-applied, load-bearing, bonded waterproof materials shall meet the requirements of ANSI A118.10 and shall be applied in accordance with the manufacturer's instructions.

**CONDITIONS OF USE AND INSTALLATION:**

1. All requirements of the Michigan Plumbing Code shall be applicable.
2. Installations shall be in accordance with the manufacturer's specifications.
3. This approval shall become void if and when the product no longer meets the requirements of the Michigan Plumbing Code or a change in design/designation occurs.

**RECOMMENDATION:**

Staff has evaluated the information provided by the manufacturer and recommends the product be forwarded to the Construction Code Commission for approval.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
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IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

January 31, 2014

TO: Members of the State Plumbing  
FROM: Joseph T. Madziar, Chief, Plumbing Division *JTM*  
SUBJECT: Certificate of Acceptance for Custom Building Products, Inc., Custom 9240  
Waterproofing and Anti-Fracture Membrane, Models C9240K, C9240L, and  
C9240F, BCCP-14-003

The applicant has requested consideration for product approval for a liquid applied flexible, seamless waterproofing membrane designed for waterproofing tile and stone installations.

**APPLICANT REPRESENTATIVE:**

Ms. Karine Gulati

**APPLICANT:**

Custom Building Products, Inc.  
13001 Seal Beach Blvd.  
Seal Beach, CA 90740

**AUTHORITY:**

Section 21 of 230, 1972 being section 125.1521 of the Michigan Compiled Laws

**PRODUCT:**

Model C9240K is a kit which contains a 6 gallon pail of Part 1 Liquid, Part 2 Fabric Carton containing 2 sizes of fabric used in the installation. Model C9240L is a 6 gallon pail of Part 1 Liquid. Model C9240F includes a 6 inch x 75 foot roll of fabric and a 36 inch x 100 foot roll of fabric.

**PRODUCT DESCRIPTION:**

This product is a flexible, seamless waterproofing membrane with a liquid-applied

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polymer and reinforcing fabric that bonds to a variety of substrates for heavy duty installations. The product is designed for waterproofing tile and stone installations.

**APPLICATION:**

The product will be used as the waterproofing membrane for tile and stone applications in non-prefabricated showers. This product will be used for floors and walls in these shower installations.

**APPROVALS/ TESTS:**

Certified to ANSI A118.10-2008 by IAPMO File No. 4244

**APPLICABLE CODE SECTIONS:**

Michigan Plumbing Code

Section 417.5.2 Shower lining states in part: Floors under shower compartments, except where prefabricated receptors have been provided, shall be lined and made water tight utilizing material complying with Sections 417.5.2.1 through 417.5.2.6.

Section 417.5.2.6 Liquid-type, trowel-applied, load-bearing, bonded waterproof materials. Liquid-type, trowel-applied, load-bearing, bonded waterproof materials shall meet the requirements of ANSI A118.10 and shall be applied in accordance with the manufacturer's instructions.

**CONDITIONS OF USE AND INSTALLATION:**

1. All requirements of the Michigan Plumbing code shall be applicable.
2. Installations shall be in accordance with the manufacturer's specifications.
3. This approval shall become void if and when the product no longer meets the requirements of the Michigan Plumbing Code or a change in design/designation occurs.

**RECOMMENDATION:**

Staff has evaluated the information provided by the manufacturer and recommends the product be forwarded to the commission for approval.