

PLUMBING PERMIT APPLICATION
Harrison Township - Building Department
 38151 L'Anse Creuse, Harrison Township, MI 48045-1996
 Office: 586-466-1430; Inspection Line: 586-466-1402; Fax: 586-465-2618

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I. JOB LOCATION		PLUMBING PERMIT NO.		
NAME OF OWNER/AGENT		HAS A BUILDING PERMIT BEEN OBTAINED FOR THIS PROJECT?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED		
JOB LOCATION (STREET NO. & NAME)	APT. OR SUITE NO.	BSC PROJECT NO.	PLAN REVIEW No.	

II. CONTRACTOR/HOMEOWNER INFORMATION			
<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> MASTER <input type="checkbox"/> HOMEOWNER <input type="checkbox"/> SEE BELOW	NAME OF LICENSEE OR HOMEOWNER:		LICENSE NUMBER:
BUSINESS ADDRESS (STREET NO. & NAME)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER: ()	FEDERAL ID NUMBER:	WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION:	MESC EMPLOYER NO. OR REASON FOR EXEMPTION:

III. TYPE OF JOB		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> NEW	DESCRIPTION OF WORK:
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> ALTERATION	
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> REPLACEMENT	

IV. PLAN REVIEW REQUIREMENT	
<p>PLANS MUST BE SUBMITTED WITH AN APPLICATION FOR PLAN REVIEW AND THE APPROPRIATE FEE BEFORE A PERMIT CAN BE ISSUED, EXCEPT AS LISTED BELOW:</p> <p>PLANS ARE NOT REQUIRED FOR THE FOLLOWING:</p> <ol style="list-style-type: none"> 1. ONE-AND TWO-FAMILY DWELLING CONTAINING NOT MORE THAN 3,500 SQUARE FEET OF BUILDING AREA.. 2. ALTERATIONS AND REPAIR WORK DETERMINED BY THE PLUMBING INSPECTOR TO BE OF A MINOR NATURE.. 3. BUILDING WITH A REQUIRED PLUMBING FIXTURE COUNT LESS THAN 12. 4. WORK COMPLETED BY A GOVERNMENTAL SUBDIVISION OR STATE AGENCY COSTING LESS THAN \$15,000.00. <p align="center">IF WORK BEING PERFORMED IS DESCRIBED ABOVE, CHECK BOX BELOW "NOT REQUIRED".</p> <hr/> <p>PLANS ARE REQUIRED FOR ALL OTHER BUILDING TYPES AND SHALL BE PREPARED BY OR UNDER THE DIRECT SUPERVISION OF AN ARCHITECT OR ENGINEER LICENSED PURSUANT TO 1980 PA 299 AND SHALL BEAR THAT ARCHITECT'S OR ENGINEER'S SEAL AND SIGNATURE.</p> <p>HAVE PLUMBING PLANS BEEN SUBMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED</p> <p align="center">PLANS MUST BE SUBMITTED AND APPROVED BEFORE A PERMIT CAN BE ISSUED.</p>	

V. HOMEOWNER AFFIDAVIT
<p>I HEREBY CERTIFY THE PLUMBING WORK DESCRIBED ON THIS PERMIT APPLICATION SHALL BE INSTALLED BY MYSELF IN MY OWN HOME IN WHICH I AM LIVING OR ABOUT TO OCCUPY. ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE 2003 MICHIGAN RESIDENTIAL CODE, 2003 MICHIGAN PLUMBING CODE. THE WORK SHALL NOT BE ENCLOSED, COVERED UP OR PUT INTO OPERATION UNTIL IT HAS BEEN INSPECTED AND APPROVED BY THE PLUMBING INSPECTOR. I WILL COOPERATE WITH THE PLUMBING INSPECTOR AND ASSUME THE RESPONSIBILITY TO ARRANGE FOR NECESSARY INSPECTION.</p>

VI. APPLICANT SIGNATURE	
<p>SECTION 23A OF THE STATE CONSTRUCTION CODE ACT OF 1972, 1972 PA 230, MCL 125, 1523A, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THIS STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23A ARE SUBJECT TO CIVIL FINES.</p> <p>HOMEOWNER'S SIGNATURE INDICATES ACKNOWLEDGEMENT, ACCEPTANCE AND COMPLIANCE WITH SECTION V - HOMEOWNER AFFIDAVIT. SEE ABOVE.</p> <p>THE UNDERSIGNED ACKNOWLEDGES READING AND UNDERSTANDING FRONT AND BACK SIDES OF THIS APPLICATION.</p>	
SIGNATURE OF LICENSEE OR HOMEOWNER <u>ONLY</u>	DATE
X. NAME, ADDRESS AND LICENSE NUMBER OF MASTER PLUMBER IF DIFFRENT THAN CONTRACTOR:	

VIII. FEE CHART

ENTER THE NUMBER OF ITEMS BEING INSTALLED, MULTIPLY THE TOTAL QUANTITY OF EACH ITEM BY THE UNIT PRICE FOR THE TOTAL FEE. IT IS THE RESPONSIBILITY OF THE APPLICANT TO INCLUDE AND STATE ALL WORK BEING PERFORMED ON THE PERMIT APPLICATION. **MINIMUM PERMIT FEE IS \$50.00.**

FEE SCHEDULE		
DESCRIPTION	QTY.	FEE \$
Base Permit Non-Refundable		50.00
Inside Sanitary Building Drain		10.00
Septic Tank Tie-in		10.00
Footing Drain Inside Bldg		10.00
Water Distribution		
Water Distribution up to 2"		20.00
Water Distribution 2" +		40.00
Grease Trap		10.00
Stacks, Vents or AAV's		10.00
Plumbing Fixtures		10.00
Water Heater		10.00
Sump Pump		10.00
Floor Drains		10.00
Hose Bibb		10.00
Sewer Eject Sump		10.00
Back Flow Device or RPZ		10.00
SUB TOTAL		

FEE SCHEDULE		
DESCRIPTION	QTY.	FEE \$
Sprinkler Meter		10.00
Automatic Washer Box		10.00
Ice Maker Unit		10.00
Garbage Disposal		10.00
Private Septic to Public Sewer		50.00
Underground Inspection		50.00
Re-inspection		50.00
Final Inspection		50.00
Special Inspection		50.00
Penalty for Starting Work Without Permit		150.00
Contractor Registration Fee		20.00
TOTAL		
NOTE: 1. DEVICE REQUIRES TESTING PRIOR TO APPROVAL.		

REMARK: _____

IX. INSTRUCTIONS FOR COMPLETING APPLICATION

GENERAL: PLUMBING WORK SHALL NOT BE STARTED UNTIL THE APPLICATION FOR PERMIT HAS BEEN FILED WITH THE BUILDING DEPARTMENT AND ALL FEES ARE PAID. ALL INSTALLATIONS SHALL BE IN CONFORMANCE WITH THE STATE PLUMBING CODE. **No work shall be concealed until it has been inspected, tested and approved.** WHEN READY FOR AN INSPECTION, PLEASE TELEPHONE THE INSPECTION REQUEST HOTLINE NUMBER: 586-466-1402. YOU WILL NEED THE JOB LOCATION, PERMIT NUMBER AND TYPE OF INSPECTION. ALL CODE QUESTIONS MAY BE DIRECTED TO THE PLUMBING INSPECTOR AT 586-466-1449. OFFICE HOURS ARE: 8.30 AM-9 AM AND 3.30 PM-4.30 PM.

EXPIRATION OF PERMIT: A PERMIT REMAINS VALID MAXIMUM OF 550 DAYS AND INSPECTIONS ARE REQUESTED AND CONDUCTED. A PERMIT SHALL BECOME INVALID IF THE AUTHORIZED WORK HAS NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE OF THE PERMIT OR IF THE AUTHORIZED WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS AFTER THE TIME OF COMMENCING THE WORK. **A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND/OR CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED. THE PERMIT HOLDER SHALL SCHEDULE ALL INSPECTIONS IN A TIMELY MANNER.**

X. TESTING REQUIREMENT

TESTING OF THE DRAIN, WASTE, VENT, WATER DISTRIBUTION AND MEDICAL GAS SYSTEMS SHALL BE REQUIRED PRIOR TO APPROVAL. ALL TESTING SHALL BE PERFORMED IN THE PRESENCE OF THE PLUMBING INSPECTOR.

THE APPLICANT DOES AGREE TO SCHEDULE AND PERFORM ALL NECESSARY TESTING OF THE PLUMBING SYSTEMS OR COMPONENTS IN THE PRESENCE OF THE PLUMBING INSPECTOR.

The Harrison Township will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.