

PLUMBING PERMIT APPLICATION
Clyde Township, North Street, MI 48049

AUTHORITY; ACT 230, PA 1972, as Amended
COMPLETION; Installation Shall Not Be Started
Until Application is Filed
PENALTY: Written Order To Stop Construction

| |
|----------------------|
| Date of Application: |
| Permit No. |
| Property I.D.# |

I. JOB LOCATION

| | | | |
|---|---|----------|--------|
| Name of Owner/Agent | Has a building permit been obtained for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required | | |
| Street Address & Location (Street No. and Name) | City/Village | Township | County |

II. CONTRACTOR/HOMEOWNER INFORMATION

| | | | |
|---|---------------|--|-----------------|
| <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner Name (Check Appropriate Box) | | License Number | Expiration Date |
| Address (Street No. and Name) | | City | State |
| Telephone Number | Date of Birth | Federal Employer ID Number (or reason for exemption) | |
| Workers Compensation Insurance Carrier (or reason for exemption) | | MESC Employer Number (or reason for exemption) | |

III. TYPE OF JOB

| | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> New | <input type="checkbox"/> Premanufactured Home Setup (State Approved) |
| <input type="checkbox"/> Other | <input type="checkbox"/> Alterations | <input type="checkbox"/> Manufactured Home Setup (HUD Mobile Home) |

IV. PLAN REVIEW REQUIRED

See Section VII. for plan review requirements before completing this section.

A. Plans not required. C. Plans required but not yet submitted.

B. Plans Required and Submitted

V. APPLICANT SIGNATURE

Section 23a of the State Construction Act of 1972, Act No. 230 of the Public Acts of 1972, being section 125.1523a of the Michigan Compiled Laws, 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.

Signature of Licensee or Homeowner (Homeowner must also sign affidavit below)

VI. HOMEOWNER AFFIDAVIT

I herby 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 State Plumbing Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Township Plumbing Inspector. I will cooperate with the Township Plumbing Inspector and assume responsibility to arrange for necessary inspections.

Signature of Homeowner

VII. PLAN REVIEW REQUIREMENT

Plans and specifications for new construction work, alteration, repair, expansion, addition, or modification work shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to Act No. 299 of the Public Acts of 1980, as amended, and shall bear that architect's or engineer's signature and seal.

A PLAN REVIEW IS REQUIRED BEFORE A PERMIT CAN BE ISSUED.

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

COMPLETE APPLICATION ON BACK SIDE

VIII. LEAD FREE NOTICE

The State Construction Code Act, Act No. 230 of the Public Acts of 1972, as amended, requires pipes, pipe fittings, solder or flux, which are used in the installation or repair of a plumbing system in a building or structure, providing water for human consumption or a public water system, be lead free. Lead free is defined as solder or flux containing not more than 0.2% lead; and pipe and pipe fittings containing not more than 8% lead. These provisions do not apply to leaded joints necessary for the repair of cast iron pipes.

IX. FEE CLARIFICATIONS

ITEM #3, FIXTURES, FLOOR DRAINS, SPECIAL DRAINS, & WATER CONNECTED APPLIANCES INCLUDE:

| | | | | | |
|---------------|------------------------|--------------|-------------------|----------------|--|
| Water Closets | Sink (any description) | Slop Sink | Drinking Fountain | Floor Drain | Water Outlet or connection to any Make-up Water Tank |
| Bathub | Emergency Eye Wash | Bidet | Condensate Drain | Roof Drain | Water Outlet or connection to Heating System |
| Lavatories | Emergency Shower | Cuspidor | Washing Machine | Grease Trap | Water Outlet or connection to Filters |
| Shower Stall | Garbage Grinder | Dishwasher | Acid Waste Drain | Starch Trap | Connection to Sprinkler System (Irrigation) |
| Laundry Tray | Water Outlet Cooler | Refrigerator | Embalmng Table | Plaster Trap | Water Connected Sterilizer |
| Urinal | Ice Making Machine | Water Heater | Bed Pan Washer | Water Softener | Water Connected Dental Chair |
| Autopsy | Water Connected Still | | | | Water Connection to Carbonated Beverage Dispensers |

PLUS ANY OTHER FIXTURE, DRAIN, OR WATER CONNECTED APPLIANCE NOT SPECIFICALLY LISTED

X. FEE CHART - Enter the number of items being installed, multiply by the unit price for total fee.

| | FEE | #ITEM | TOTAL |
|---|-------------|-------|---------|
| 1. Application Fee (non-refundable) | \$60.00 | 1 | \$60.00 |
| 2. Air admittance valve | \$5.00 each | | |
| 3. Fixtures, floor drains, special drains, water connected appliances | \$5.00 each | | |
| 4. Stacks (soil, waste, vent and conductor) | \$3.00 each | | |
| 5. Sewage ejectors, sumps | \$5.00 each | | |
| 6. Sub-soil drains | \$5.00 each | | |
| Water Service | | | |
| 7. Less than 2" | \$ 5.00 | | |
| 8. 2" to 6" | \$25.00 | | |
| 9. Over 6" | \$50.00 | | |
| 10. Connection bldg. drain - bldg. sewers | \$ 5.00 | | |
| Sewers (sanitary, storm, or combined) | | | |
| 11. Less than 6" | \$ 5.00 | | |
| 12. 6" & Over | \$25.00 | | |
| 13. Manholes, Catch Basins | \$5.00 each | | |
| 14. Domestic water treatment and filtering equipment | \$ 5.00 | | |

| | FEE | #ITEM | TOTAL |
|---|-------------|-------|-------|
| 15. Medical Gas Systems | \$45.00 | | |
| Watering Distributing Pipe (system) | | | |
| 16. 3/4" Water Distribution Pipe | \$ 5.00 | | |
| 17. 1" Water Distribution Pipe | \$10.00 | | |
| 18. 1 1/4" Water Distribution Pipe | \$15.00 | | |
| 19. 1 1/2" Water Distribution Pipe | \$20.00 | | |
| 20. 2" Water Distribution Pipe | \$25.00 | | |
| 21. Over 2" Water Distribution Pipe | \$30.00 | | |
| 22. Reduced pressure zone back-flow preventer | \$5.00 each | | |
| 23. Special/Safety Inspection | \$60.00 | | |
| 24. Rough & Underground Inspection | \$60.00 | | |
| 25. Final Inspection | \$60.00 | | |
| 26. Plan Review (per hour) | \$50.00 | | |

TOTAL FEES

MAKE CHECKS PAYABLE TO:

CLYDE TOWNSHIP

SEND APPLICATIONS TO:

**CLYDE TOWNSHIP
3350 VINCENT ROAD
NORTH STREET, MI 48049
(810) 985-7258*FAX(810) 985-3065**

FOR INSPECTIONS CALL:

**ROY PUNG III
(810) 824-0989
ROYLP85@GMAIL.COM**

XI. INSTRUCTIONS FOR COMPLETING APPLICATION

GENERAL: Plumbing work shall not be started until the application for permit has been filed with the Township. All installations shall be in conformance with the State Plumbing Code. No work shall be concealed until it has been inspected.

The name of the inspector and the telephone number will be provided on the permit form. When ready for an inspection, call the inspector providing as much advance notice as possible. The inspector will need the location and permit number.

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 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 CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

WHEN PROPERLY VALIDATED (IN SPACE BELOW) THIS IS YOUR PERMIT

RECEIPT NO: _____ DATE ISSUED: _____ CASH CHECK NO: _____