PLUMBING PERMIT APPLICATION

BARODA TOWNSHIP

John Dobberteen, Plumbing Inspector Phone (269) 651-4567for inspection requests Cell (269) 625-7648

P 2013 P

Authority: 1972 PA230

Completion: Mandatory to obtain permit Penalty: Permit can not be issued

I. Job Location

NAME OF OWNER/AGENT			D Yes D No	D Not required	
STREET ADDRESS & JOB LOCATION (Street N	io. and riamoj	LAGE OK TOWNSHIP IN WHICE lage D Township of :	1 JOB IS LOCATED	COUNTY	
I Contractor/Homeowner Information INDICATE WHO THE APPLICANT IS D Contractor D Homeowner D Master D Water Treatment I	NAME OF PLUMBING CONTRACTOR OR HOMEOWNER		CONTRACTOR LICENSE NUI	MBER EXPIRATION DATE	
ADDRESS (Street No. and Name)		CITY	STATE	ZIP CODE	
TELEPHONE NUMBER (Include Area Code)		FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMPENSATION INSURANCE CAR	RIER (or reason for exemption)	MESC EMPLOYER NUMBER (or reason for exemption)			
NAME OF MASTER PLUMBER			MASTER LICENSE NUMBER	EXPIRATION DATE	
BUSINESS/BRANCHADDRESS		CITY	STATE	ZIPCODE	
II. Type of Job					
D Single Family D New					
D Other D Alteration	D Special Inspection	D Manufacture	ed Home Setup (HUD Mobile Ha	aine)	
 Alterations and repair work de Buildings with a required plum 	ing: containing not more than 3,500 so etermined by the plumbing officianbing fixture count less than 12. In ental subdivision or state agence above, check box below "Planging types and shall be prepared by	quare feet of building area I to be of a minor nature. y costing less that \$15,00 s Not Required." y or under the direct supe gnature.	10.00. rvision of an architect or engi		
Plan Review Submission No	Plans Not Required D				
V. Applicant Signature Section 23a of the state construction					
licensing requirements of this state Section 23a are subjected to civil fine		pertorm work on a reside	ential building or a residentia	al structure. Violators of	
SIGNATURE OF PLUMBING CONTRACTOR, MAccompliance with Section VI. Homeowner Affidavit)	ASTER PLUMBER, WATER TREATMENT	INSTALLER, OR HOMEOWNER	(Homeowner'ssignatureindlcates	DATE	
VI. Homeowner Affidavit					
I hereby certify the plumbing work de	scribed on this permit application	n shall <u>be installed by m</u>	vself in my own home in wi	nich I am living or about to	

I hereby certify the plumbing work described on this permit application shall **be installed by myself in my own home** in which I am living or about to occupy. **All** work shall be installed in accordance with the Michigan Plumbing Code and **shall not be enclosed, covered up, or put into operation** until it has been **inspected** and **approved** by the State Plumbing Inspector. I will cooperate with the State Plumbing Inspector and assume the responsibility to arrange for necessary inspections.

Complete Application on Back Side

Vlia. Fee Clarification

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

Urinal Autopsy

Item #3, Fixtures, Floor Drains, Special Drains, and Water Connected Appliances Include:

Water Heater

Floor Drain Water Outlet or Connection to any Make-up Water Tank Water Closets Sink (any description) Slop Sink **Drinking Fountain** Bathtub **Emergency Eye Wash** Bidet Condensate Drain Roof Drain Water Outlet or Connection to Heating System Lavatories **Emergency Shower** Cuspidor Washing Machine Grease Trap Water Outlet or Connection to Filters Shower Stall Garbage Grinder Dishwasher Acid Waste Drain Starch Trap Connection to Sprinkler System (Irrigation) Laundry Tray Water Outlet Cooler Refrigerator **Embalming Table** Plaster Trap Water Connected Sterilizer

Bed Pan Washer

Plus An Other Fixture. Drain or Water Connected A Hance Not S ecificall Listed

Ice Making Machine

Water Connected Still

Item #25, Domestic Water Treatment And Filtering Equipment: A license is not required for the installation of domestic water treatment and filtering equipment that requires modification to an existing cold water distribution supply and associated water piping in buildings if a permit is secured, required inspections performed, and the installation complies with the applicable code. If the enforcing agency determines a violation exists, it shall be corrected by the responsible installer. The permit application shall include the application fee, the number of water treatment devices recorded in item #25 for #5.00 e ch and he ro riat water distribu ion i e m iz f .

Water Softener

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

	FEE	# ITEMS	TOTAL
Application Fee (non-refundable)	\$125.00	1	\$125.00
2. Mobile Home Park Site*	\$5.00 each		
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. Over6"	\$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		

	FEE	#ITEMS	TOTAL
Watering Distributing Pipe (system)			
14. 3/4" Water Distribution Pipe	\$5.00		
15. 1" Water Distribution Pipe	\$10.00		
16.1-1/4" Water Distribution Pipe	\$15.00		
17.1-1/2" Water Distribution Pipe	\$20.00		
18.2" Water Distribution Pipe	\$25.00		
19. Over 2" Water Distribution Pipe	\$30.00		
20. Reduced pressure zone back-flow preventer	\$5.00 each		
25. Domestic water treatment and filtering equipment only **	\$5.00		
26. Medical Gas System	\$45.00		
Inspections			
21. Special/Safety Insp. ncludes cert. fee)	\$75.00		
22. Additional Inspection	\$75,00		
23. Final Inspection	\$75.00		\$ 75.00
24. Certification Fee	\$30.00		

Water Connected Dental Chair

Water Connection to Carbonated Beverage Dispensers

• See Vlia. Fee Clarification, Item #2 on front

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

Total Fee (Must include the \$75.00 non-refundable application fee)

IX. Instructions for Comnletina Annlication

General: Plumbing work shall not be started until the application for permit has been filed with the Bureau of Construction Codes & Fire Safety. All installations shall be in conformance with the Michigan Plumbing Code. **No work shall be concealed until it has been inspected.** The telephone number for the inspector 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 **job location** and **permit number.**

Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 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 CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED OR REINSTATED.

Where to Submit Application: The Bureau of Construction Codes & Fire Safety is responsible for code enforcement in units of government throughout the state which have no local program and for all state owned buildings. Permit applications for state issued permits should be sent to the address on the front of this application. If you are not sure whether a state permit or a local permit is appropriate, contact our office or your local building inspector. Questions regarding state issued permits may be directed to the Office of Management Services, Permit Section at 517-241-9313. Code questions may be directed to the Plumbino Division at 517-241-9330.

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

Make Checks Payable to: BARODA TOWNSHIP

Mail to: Baroda Township P.O. Box 215 Baroda MI 49101