

COMMERCIAL PLUMBING PERMIT

ROSS TOWNSHIP
 BUILDING DEPARTMENT
 8721 Gull Road, Suite B
 Richland MI 49083
 269-629-0600
 800-627-2801

Date ____ / ____ / ____

Ross Township

Permit # : _____

Job Location: _____ Property Tax No: _____

Owner: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

Owners Email: _____

Which side of the road: North South East West

Between (closest roads) _____ & _____

ITEMIZATION No.

COST OF PERMIT: \$ _____

Make checks payable to ROSS
 TOWNSHIP

Building Dept. Approval

By: _____

Plan review, administration base fee and all required and final inspections	xxx.		\$105.00
Fixtures, water connected appliances, floor drains, special drains, mobile home unit site		\$5.25 each	
Stacks (Soil, waste, vent, conductor)		\$3.15 each	
Sewers (sanitary, storm or combined)		5.25 each	
Water Service		\$10.50 each	
Connection building drain/building sewer		\$5.25 each	
Sub-soil drains		\$5.25 each	
Sewage ejectors, manholes, sumps		\$5.25 each	
Water distributing pipe system, less than "1		\$10.50 each	
Water distributing pipe system, 1" or greater		\$21.00 each	
Reduced pressure zone backflow preventer		\$5.25 each	
Medical Gas System		47.25 each	
Total			\$

Plans must be submitted with an Application for Plan Examination and the appropriate deposit before a permit can be issued, except as listed below. Plans are not required for the following.

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

If work being performed as described above, check box "Plans Not Required." **Plans Not Required**

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

Description of work:

Additional Notes:

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Contractor Name:		Phone #	Fax #	
Address		City	State	Zip
Federal I.D. No/Social Security No.		MESC Employer No:		
Contractor License No.	Exp. Date	Worker's Compensation Insurance Carrier		
Name of Master Plumber		Master License No.	Exp. Date	
Master Plumber Business Address		City	State	Zip
If exempt from any of the above, explain here:		Email: (REQUIRED)		
<p>Section 23A of the state construction code act of 1972, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23 A are subjected to civil fines.</p>				

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

AGENT/CONTRACTOR'S AFFIDAVIT and SIGNATURE

I herby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: _____ Date: _____