

RESIDENTIAL PLUMBING PERMIT

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

Date ____ / ____ / ____

CHARLESTON 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) _____ & _____

Fee Schedule

| | ITEMIZATION | xxx. | No. |
|---|---|----------------------------------|-----|
| Single Inspection \$ 53.00 | | | |
| Addition REMODEL \$ 152.00 Addition REMODEL w/Underground \$205.00 (Three Inspections) | Fixtures, water connected appliances, floor drains, special drains, mobile home unit site | | |
| | Stacks (Soil, waste, vent, conductor) | | |
| | Sewers (sanitary, storm or combined) | | |
| | Water Service | | |
| | Connection building drain/building sewer | | |
| | Sub-soil drains | | |
| | NEW RESIDENCE \$205.00 (Three Inspections) | Sewage ejectors, manholes, sumps | |
| | Water distributing pipe system, less than "1 | | |
| | Water distributing pipe system, 1" or greater | | |
| | Reduced pressure zone backflow preventer | | |

If a dwelling unit is 3,500 square feet or greater plans must be submitted with an Application for Plan Examination and the appropriate deposit before a permit can be issued.

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.

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

Plans not required

COST OF PERMIT: \$ _____

Make checks payable to
CHARLESTON TOWNSHIP

Building Dept. Approval

By: _____

Description of work:

Additional Notes:

RESIDENTIAL PLUMBING PERMIT

| | | | | | |
|--|--|-----------|-----------------------------|---|-----------|
| Contractor Name: | | Phone # | | Fax # | |
| Address | | | City | | State |
| 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 |
| If exempt from any of the above, explain here: | | | Email: (REQUIRED) | | |
| 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. | | | | | |

_____ I am/will be the owner and occupant of the premises on which the described Installation is proposed and will be doing the proposed work myself. I will not allow anyone to do any work.

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.**

HOME OWNERS AFFIDAVIT and SIGNATURE

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: _____ Date: _____

AGENT/CONTRACTOR'S AFFIDAVIT and SIGNATURE

I hereby 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: _____