

RESIDENTIAL MECHANICAL 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) _____ & _____

Fee Schedule

| Fee Schedule | ITEMIZATION | No. |
|--|--|-----|
| | xxx. | |
| Single Inspection \$53.00 | Gas/Oil burning equipment-- new and or conversion units | |
| Special/Safety Inspection \$53.00 | Chimney, factory built (Class A) | |
| Addition Remodel \$152.00 (Two inspections) | Duct System/Hydroponic Piping | |
| Addition Remodel w/Service Upgrade (Three inspections) \$205.00 | Solar Equipment System and Piping System | |
| New Residence \$205.00 (Three Inspections) | Gas Piping (New Installation) | |
| | Exhaust Fan/Power Exhaust | |
| | Flue Damper/vent damper | |
| | L.P.G. & Fuel oil tanks, piping fee included | |
| | Central Air Conditioning and Heat Pump | |
| | Solid Fuel Burning Equipment | |

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 dwellings when the total building heating/cooling system input rating is 375,000 Btu's or less.
2. Alterations and repair work determined by the mechanical official to be of a minor nature.

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

Plans Not Required

COST OF PERMIT: \$ _____

Make checks payable to

ROSS TOWNSHIP

Building Dept. Approval

By: _____

Description of work and location on property:

Additional Notes:

RESIDENTIAL MECHANICAL 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 Mechanical Contractor | | | Master License No. | | Exp. Date |
| Master Mechanical Contractor 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> | | | | | |

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: _____