## COMMERCIAL PLUMBING PERMIT

Date / / / /		 2 8	hland MI 49083 69-629-0600 00-627-2801
Job Location:	Property Tax No:		
Owner:	Phone Number:		
Address:	City/State/Zip:		
Owners Ema	il:	 	
	e of the road: North South East closest roads) & ITEMIZATION		
	Plan review, administration base fee and all required and final inspections		\$110.00
	Fixtures, water connected appliances, floor drains, special drains, mobile home unit site	\$5.50 each	
COST OF PERMIT: \$	Stacks (Soil, waste, vent, conductor)	\$3.30 each	
1ake checks payable to	Sewers (sanitary, storm or combined)	\$5.50 each	
	Water Service	\$11.00 each	
VILLAGE OF SCHOOLCRAFT	Connection building drain/building sewer	\$5.50 each	
	Sub-soil drains	\$5.50 each	
Building Dept. Approval	Sewage ejectors, manholes, sumps	\$5.50 each	
	Water distributing pipe system, less than "1	\$11.00 each	<u> </u>
βy:	Water distributing pipe system, 1" or greater	 \$22.00 each	
	Reduced pressure zone backflow preventer	\$5.50 each	
	Medical Gas System	\$49.50 each	

VILLAGE OF SCHOOLCRAFT

**BUILDING DEPARTMENT** 8721 Gull Road. Suite

Plans must be submitted with an Application for Plan Examination and the appropriate fee 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. All projects that require plan review will be assessed a plan review fee.

Description of work:

Additional Notes:

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Contractor Name:	Phone # F		Fax #	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)	I			
Section 23A of the state construction c conspiring to circumvent the licensing work on a residential building or a resi fines.	requirements of t	he state relating to per	sons who are to perfo			

**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:
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