

Mechanical Permit Application

BUILDING DEPARTMENT
 CHARTER TOWNSHIP OF CLINTON
 40700 Romeo Plank Rd.
 Clinton Township, MI 48038
 24 Hr. Insp. Line: (586)286-9320
 Direct Line: (586)286-9323
 Fax No.: (586)286-9484

Office Hours: 8:30 a.m. – 4:30 p.m.
 MONDAY THROUGH FRIDAY

Permit No. _____

Permit Fee _____

Receipt No. _____

Authority: 1972 PA 230
 Completion: Mandatory to obtain Permit
 Penalty: Permit will not be issued

Date Applied: _____

Date Issued: _____

Dept. Approval: _____

I. Job Information

| | | | |
|----------------------------------|---|-----------------------------|---------------------------------------|
| Name of Owner/Agent | Has Building Permit been obtained for this project? | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Required |
| Job Address(Street No. and Name) | Lot/Bldg.# | Subdivision | |

II. Contractor/ Homeowner Information (Homeowner must fill out Section VI. If they are the applicant)

| | | | |
|---|------------------------------------|--|--------------------------------------|
| Indicate who the applicant is <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner A Homeowner must fill out Sec. VI | Name | State License Number | Expiration Date |
| Address(Street and Number) | | EMAIL ADDRESS | |
| City | State | Zip Code | Local License No. Expiration Date |
| Contractor's Phone Number | Homeowner's Phone Number(REQUIRED) | Federal Employer ID Number (or reason for exemption) | |
| Workers Compensation Insurance Carrier (or reason for exemption) | | MESC Employer Number (or reason for exemption) | |

III. Type of Job Residential Commercial Industrial

| | | | | |
|--|-------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> New | <input type="checkbox"/> Special Inspection | <input type="checkbox"/> Pre-manufactured Home Setup(State Approved) | <input type="checkbox"/> State Owned |
| <input type="checkbox"/> Other | <input type="checkbox"/> Alteration | <input type="checkbox"/> LP Tank | <input type="checkbox"/> Manufactured Home Set up (HUD Approved) | <input type="checkbox"/> School |

IV. Plan Review Required

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. Alterations and repair work determined by the building official to be of a minor nature.
2. Business, mercantile, and storage buildings having HVAC equipment only, with one fire area and not more than 3,500 square feet.
3. Work completed by a governmental subdivision or state agency costing less than 15,000.

What is the input rating of the heating system in the building? _____ What is the building size in square footage? _____

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 on each page.

V. Applicant Signature

Section 23a of the state construction code act of 1972, 1972 PA230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subject to civil fines.

| | | |
|---|------------|------|
| Signature of Licensee or Homeowner (Homeowner must fill out Section VI) | Print Name | Date |
|---|------------|------|

VI. Homeowner Affidavit & Signature

I hereby certify the mechanical 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 State Mechanical Code and **shall not be enclosed, covered up, or put into operation until it has been inspected and approved**. I will cooperate with the Clinton Township Mechanical Inspector and assume the responsibility to arrange for necessary inspections.

HOMEOWNER SIGNATURE _____ PRINT NAME _____ DATE _____

Complete Application and Work Description on Back

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

| | FEE | #ITEMS | TOTAL |
|---|--------|--------|-------|
| 1. Contractor Registration | \$15 | | |
| 2. Application Fee (nonrefundable) | \$50 | 1 | \$50 |
| 3. Residential | | | |
| a. Heating Systems (new structures only) Includes ductwork | \$65 * | | |
| b. 1.Replacement Furnace with electrical reconnection | \$65 | | |
| 2.Replacement A/C with electrical reconnection | \$65 | | |
| c. 1. Gas Burner | \$35 | | |
| 2. Water Heater | \$35 | | |
| 3. Pool Heater | \$35 * | | |
| 4. Generator | \$35 * | | |
| d. Dryer Vent | \$5 | | |
| e. Ductwork Alteration | \$25 * | | |
| f. Boiler-includes electrical reconnection. Private residences and apartments with less than (6) families only. | \$60 | | |
| g. Hydronic Piping | \$30 * | | |
| h. Solid Fuel/ Gas logs, etc. | \$30 * | | |
| i. Chimney- Factory Built/Liner | \$25 | | |
| j. Gas Piping: each unit (new construction only) | \$25 * | | |
| k. Gas Piping- each opening | \$5 | | |
| l. Air Conditioning/HVAC (non-replacement) | \$30 | | |
| m. Heat Pumps | \$30 | | |
| n. Bath/ Kitchen Air Exhaust | \$30 * | | |
| o. Humidifier/ Electronic air cleaner | \$15 | | |
| p. Fire Suppression System | \$40 | | |

| | FEE | #ITEMS | TOTAL |
|---|-------------------------------------|--------|-------|
| 4. Commercial/ Industrial | | | |
| a. Heating Systems (new structures only) Includes ductwork | \$75 * | | |
| b. Furnace or Roof-top HVAC unit replacement. Includes electrical reconnection. | \$75 | | |
| c. Ductwork Alteration | \$35 * | | |
| d. Fire dampers | 1 to 5 * \$25+\$5 ea. additional | | |
| e. Unit Heaters/ Tube Heaters | \$30 | | |
| f. Restroom Exhaust Fans | \$30 * | | |
| g. Boiler- This shall be installed by a LICENSED BOILER INSTALLER | \$35 | | |
| h. Hydronic Piping | \$35 * | | |
| i. Hood Exhaust | \$30 * | | |
| j. Make-up Air Unit | \$45 * | | |
| k. VAV(variable air volume) Boxes/ Reheat Coil | \$35 * | | |
| l. Refrigeration | \$35 | | |
| m. Chiller | \$35 | | |
| n. Cooling Towers | \$65 | | |
| o. Fire Suppression System | \$40 | | |
| 5. Mobile/ Pre-manufactured Home | \$50 | | |
| 6. Information/ Special Inspection | \$50 | | |
| 7. Additional Inspection Fee (Only needed for items with * next to fee cost) | \$50 | | |

Make Checks payable to "Clinton Township Treasurer"

TOTAL FEES

Brief Description of Work:

*** REQUIRES ADDITIONAL INSPECTION FEE** (*Building Official may require a final inspection for items without **)

Please Note: Only one final inspection is permitted per permit application providing all permit items are complete and ready for inspection when final inspection is scheduled. Re-inspection fees will be due should this not be the case.

GENERAL: Mechanical work shall not be started until the application for permit has been filed with and approved by the Clinton Township Building Department. All installations shall be in conformance with the State Mechanical Code. **No work shall be concealed until it has been inspected.**

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 work. **A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

Clinton Township 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.