

Plumbing 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 Homeowner must complete Section 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)		MESCC 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"/> Sewer Only <input type="checkbox"/> Water Service Only	<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"/> Special Inspection	<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. One and Two-family dwelling containing not more than 3,500 square feet of building area.
3. Work completed by a governmental subdivision or state agency costing less than 15,000.

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
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VI. Homeowner Affidavit & Signature

I hereby certify the plumbing 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 Plumbing 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 Plumbing Inspector and assume the responsibility to arrange for necessary inspections.

HOMEOWNER SIGNATURE _____ PRINT NAME _____ DATE _____

Complete Application and Work Description on Back

ITEM #3 FIXTURES, FLOOR DRAINS, SPECIAL DRAINS, & WATER CONNECTED APPLIANCES INCLUDE:

- Acid Waste Drain
- Autopsy
- Bath tub
- Bed Pan Washer
- Bidet
- Carbonated Beverage Dispenser- Water Connection
- Condensate Drain
- Dental Chair Water Connection
- Dishwasher
- Drinking Fountain
- Embalming Table
- Emergency Eye-Wash
- Emergency Shower
- Floor Drain
- Garbage Grinder
- Hose Bib
- Humidifier
- Lavatories
- Laundry Tray
- Roof drain
- Safe Waste
- Shower
- Sink (all types)
- Slop Sink
- Special Fixture
- Sprinkler Irrigation System Connection
- Sterilizer- Water Connected
- Urinal
- Washing Machine
- Water Closet
- Water Heater
- Water Softener
- Water Outlet or Connection to Heating System
- Water Outlet or Connection to any Make-up Water Tank

PLUS NON LISTED FIXTURES, DRAINS, OR WATER CONNECTED APPLIANCE NOT SPECIFICALLY LISTED

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. Fixtures- see list of fixtures above.	\$5 each *		
4. Stacks (soil, waste, vent, and conductor revent/ mechanical unit)	\$5 each *		
5. Sewage Ejectors, Sumps, Sub-soil drains	\$20 *		
6. Water Service			
a. Less than 2"	\$5 *		
b. 2" to 6"	\$25 *		
c. Over 6"	\$50 *		
8. Sewers (sanitary, storm or combined)			
a. Less than 6"	\$5 *		
b. 6" and over	\$25 *		
9. Traps, Interceptors/ Separators	\$30 each *		
10. Water Distributing Pipe System			
a. ¾" water distribution pipe	\$5 *		
b. 1" water distribution pipe	\$10 *		
c. 1 ¼" water distribution pipe	\$15 *		
d. 1 ½" water distribution pipe	\$20 *		
e. 2" water distribution pipe	\$25 *		
f. Over 2" water distribution pipe	\$30 *		

	FEE	#ITEMS	TOTAL
11. Reduced pressure zone back-flow preventer. Special fixture- Second water meter	\$40		
12. Medical Gas System Applicant must also complete #18 for estimated additional inspections	\$45 *		
13. Water Heater	\$35		
14. Swimming Pool –hose bib vacuum breaker	\$5		
15. Repiping	\$40 *		
16. Mobile/ Pre-manufactured Home	\$50		
17. Information/ Special Inspection	\$50		
18. Additional Inspection Fee (Only needed for items with * next to fee cost)	\$50		

Make Checks payable to "Clinton Township Treasurer"

TOTAL FEES

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

Brief Description of Work:

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.

Number of Bathrooms: _____

Total Number of Bathroom Fixtures: _____

GENERAL: Plumbing 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 Plumbing 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.**