

APPLICATION FOR PLUMBING PERMIT

FOR OFFICE USE ONLY

Arenac County Building Department
 120 N. Grove, P.O. Box 724, Standish, MI 48658
 Ph. 989-846-9791 Fax 989-846-9188
 E-mail: permits@arenacountymi.gov

Authority: 1972 PA 230
 Completion: Mandatory to obtain permit
 Penalty: Permit cannot be issued

ADDRESS MUST BE
 CLEARLY POSTED AT
 THE ROAD

PP

Job Location

| | | |
|--|--------------|----------------------------------|
| Name of property owner | Phone number | Property Tax ID# (Required) |
| Property / Site address | City | Township, City of or Village of: |
| Owner mailing address (Street or P.O. Box) | City | State & Zip |

Contractor information

| | |
|--|------------------|
| Name of Contractor | Phone number |
| Street address | City |
| Michigan Plumbing Contractor License# | Expiration date: |
| Michigan Master Plumber License# | Expiration date: |
| Workers compensation Insurance Carrier (or reason for exemption) | |
| Federal Employer ID Number (or reason for exemption) | |
| MESC Employer Number (or reason for exemption) | |

Type of Job:

| | | | |
|--------------------------|--|--------------------------|--------------------------------|
| <input type="checkbox"/> | 1-2 Family Home New Build | <input type="checkbox"/> | Commercial New Building |
| <input type="checkbox"/> | 1-2 Family Home Remodel OR Addition | <input type="checkbox"/> | Commercial Remodel OR Addition |
| <input type="checkbox"/> | Mobile or HUD Mfg. Home Installation | <input type="checkbox"/> | Commercial Utility |
| <input type="checkbox"/> | State Approved Mfg. Home (Modular) Install | <input type="checkbox"/> | Safety/Special Inspection Only |
| <input type="checkbox"/> | Accessory Structure (Pole Barn/ Garage) | <input type="checkbox"/> | OTHER (specify) |

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. (SEE BACK FOR FEE)

Plans are not required for the following:

1. One and two family dwelling containing not more than 3,500 feet of living 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 is described above, check box below, "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.

Plans Submitted () or Plans Not Required ()

I AM PULLING THIS PERMIT AS A HOME OWNER. I UNDERSTAND THAT DOING SO, I CAN DO THE WORK MYSELF. IF ANOTHER INDIVIDUAL OR CONTRACTOR PERFORMS THIS WORK, I UNDERSTAND THAT THAT INDIVIDUAL OR CONTRACTOR MUST BE LICENSED WITH THE STATE OF MICHIGAN FOR THE TYPE OF WORK BEING PERFORMED.

APPLICANT SIGNATURE: Section 23a of the State Construction code Act of 1972, 1972 PA 230, 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. _____ INITIALS

HOMEOWNER AFFIDAVIT I hereby certify the plumbing work described on this permit application shall be installed by myself in my own home 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 by the Arenac County Plumbing Inspector. I will cooperate with the Plumbing Inspector and assume the responsibility to arrange for necessary inspections. _____ INITIALS

Signature X _____

Signature of Plumbing Contractor or Homeowner (Homeowner signature indicates compliance with Homeowner Affidavit)

COMPLETE APPLICATION ON REVERSE SIDE

Fixtures, Floors Drains, Special Drains & Water Connected Appliances include but not limited to:

- | | | | | | | |
|------------------|--------------|----------------------------------|-------------------|-----------------------|-----------------------|--------------|
| Water Closets | Sinks (any) | Ice Maker | Drinking Fountain | Water Heater | Bathtub | Bidet |
| Condensate Drain | Lavatories | Shower (any) | Cuspidor | Washing Machine | Trap (any) | Floor Drain |
| Water Softener | Water Filter | Laundry Tray | Acid Waste/Drain | Special Waste | Dishwasher | Refrigerator |
| Urinal | Laundry | Ice Maker | Service Sink | Indirect Waste & Trap | Booster Pumps/Systems | |
| Garbage Grinder | Roof Drain | Water Outlet or Connection (all) | | | | |

Plus any other fixture, drain or water connected appliance not specifically listed.

Domestic Water Treatment & Filtering Equipment: A license is not required for the installation of domestic water treatment & filtering equipment that requires modification to an existing cold water distribution supply & associated washer piping in building if a permit is secured, required inspections performed and the installation complies with the applicable code. If the enforcing agency determines a violation exists, it shall be corrected by the responsible installer. The permit application shall include the application fee, the number of water treatment devices and the appropriate waste distribution pipe (system) size fee.

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

| Total | | | | Total | | | |
|-------|---|---------|-------|---------|-----|--|---------|
| | Fee | # | Items | Fee | # | Items | |
| 1. | Administration fee, Non-refundable | \$70.00 | 1 | \$70.00 | 12. | Manholes, Catch Basins | \$6.00 |
| 2. | Initial Inspection Fee | \$55.00 | 1 | \$55.00 | 13. | Water Distribution Pipe (System) | \$8.00 |
| 3. | Mobile Home Unit Sites (parks) | \$8.00 | | | | 3-4" to 1: supply | |
| 4. | Fixtures – Floor Drains | \$7.00 | | | | 1 1/4 " to 2" supply | \$12.00 |
| 5. | Domestic Water Treatment & Filtering Equipment | \$7.00 | | | | Over 2" supply | \$36.00 |
| 6. | Stack (soil, waste, vent & conductor) | \$5.00 | | | 14. | Reduced Pressure Zone Backflow Preventer | \$6.00 |
| 7. | Sewage/Sump Ejectors CIRCLE ONE | \$8.00 | | | 15. | Medical Gas System | \$54.00 |
| 8. | Sub-Soil Drains | \$6.00 | | | 16. | Special Safety Inspection | \$54.00 |
| 9. | Water Service – Municipal | \$8.00 | | | 17. | Underground Inspection | \$55.00 |
| | Less than 2" | | | | 18. | Plan Review/per hour | \$60.00 |
| | 2" to 6" | \$30.00 | | | 19. | Additional Inspection | \$55.00 |
| | Over 6" | \$60.00 | | | 20. | Final Inspection | \$55.00 |
| 10. | Connection Bldg. Drains & Sewers | \$8.00 | | | | Total Fees | |
| 11. | Sewers (Municipal Sanitary – Storm or Combined) | \$8.00 | | | | | |
| | Less than 6" | | | | | | |
| | Over 6" | \$30.00 | | | | | |

**Make Checks Payable to:
Arenac County Building Dept.**

FOR DEPARTMENT USE ONLY

Circle one:

Reviewed by: Code Official Signature _____ Date _____ MI Residential Code MI Plumbing Code Code Cycle _____

General: Plumbing work shall not be started until the application for the permit has been filed. All installation shall be in conformance with the Michigan Plumbing Code. No work shall be concealed until it has been inspected. When ready for an inspection, call the office providing as much advance notice as possible. The office will need the permit number and job location with address posted clearly visible from the road to avoid additional fees.

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 six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED OR REINSTATED.

This Office will not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, disabilities 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 Office.