LOCKE TOWNSHIP  Permit #	:	RICAL I		BUILDING DEPARTMENT 3805 Bell Oak Road Williamston, MI 48895 Questions? - Call 800-627-2801 For Inspectionst. 800-627-2801 Ext. 201
Job Location:		Prop	erty Tax No.:	
Power Co.:		No	tification No.:	
Owner:			Phone No. :	
Address:			ity/State/Zip:_	
PLEASE FILL IN OR	CHEC			
COMMERCIAL			Ï	RESIDENTIAL
	No.	ITEMIZA	ATION	
Plan review, administration base fee and	XXX		\$96.00	SINGLE INSPECTION \$48.00
all required and final inspections				0000141 /045577/ 14/00
Services: Thru 200 amp.		\$12.00		SPECIAL/SAFETY INSP. \$48.00 ADDITION REMODEL
200 amp thru 600 amp	1	\$18.00		(Two inspections) \$114.00
600 amp thru 800 amp	1	\$24.00		ADDITION REMODEL w/Service Upgrade
800 amp and over		\$30.00 \$3.60 each		(Three inspections) \$156.00
Circuits Lighting Fixtures per 25 and fraction of	+	\$7.20 each		NEW RESIDENCE
Dishwasher, Garbage disposal & range hood		\$4.80 each		(Three inspections) \$156.00
Furnace unit heater		\$6.00 each		
Electrical heating units (baseboard)		\$4.80 each		FOR RESIDENTIAL PERMITS:
Power Outlets (including ranges, dryers, etc.		\$8.40 each		Please indicate applicable equipment
Signs per circuit		\$6.00 each		in the "No." column, and disregard
Feeders		\$6.00 each		commercial fee schedule.
Mobile Home Park Sites		\$7.20 each		
Recreational Vehicle Park Sites		\$4.80 each		
K.V.A. or H.Peach unit up to 20 K.V.A./H.P.		\$7.20		OOOT OF BERNAIT, &
21 to 50 K.V.A. or H.P.	<del> </del>	\$12.00		COST OF PERMIT: \$
51 K.V.A. or H.P. and over	<del>                                     </del>	\$14.40		Make checks payable to:
Fire Alarm-up to 10 stations and horns	+	\$60.00 \$120.00		Iviake citecks payable to.
11 to 20 stations and horns over 21 stations and horns	+	\$6.00 each		LOCKE TOWNSHIP
Data/Telecommunications Outlets	1	φυ.υυ eacii	· · · · · · · · · · · · · · · · · · ·	LOOKE TOWNORM
1 - 19 devices	-	\$6.00 each		Building Department Approval:
20 - 300 devices	1	\$120.00		
over 300 devices		\$360.00		By:
TOTAL: (Enter here and at right as COST	OF PI	ERMIT:)		
Contractor Name		Phone #		Fax#
Address		City		State Zip
Federal I.D. No./Special Security No.		MESC Employer No.		
License No. Expiration Date		Worker's Compensation Insurance Carrier		
If exempt from any of the above, explain here:		E-mail:		
I am/will be the	owner a	nd occupant of	the premises o	on which the described installation is proposed.
Section 23A of the state construction code act of 197 licensing requirements of the state relating to person	2, MCL ns who a	125.1523A, prof are to perform w	ibits a person ork on a resid	from conspiring to circumvent the ential building or a residential structure.
Violators of Section 23 A are subjected to civil fines.  HOME OWNER'S AFFIDAVIT and SIGNATU	IRE			

## AGENT/CONTRACTOR'S AFFIDAVIT and SIGNATURE

Signed:

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.

approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Date: \_