

# RESIDENTIAL PLUMBING PERMIT

LOCKE TOWNSHIP  
3805 Bell Oak Rd.  
Williamston, MI 48895  
800-627-2801  
800-627-2801 Ext. 201

Date ____ / ____ / ____ <b>LOCKE TOWNSHIP</b>
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Permit # : \_\_\_\_\_

Job Location: _____	Property Tax No: _____
Owner: _____	Phone Number: _____
Address: _____	City/State/Zip: _____
Owners Email: _____	

Which side of the road:  North  South  East  West

Between (closest roads) \_\_\_\_\_ & \_\_\_\_\_

## Fee Schedule

<input type="checkbox"/> Single Inspection \$48.00
<input type="checkbox"/> Addition REMODEL \$114.00
<input type="checkbox"/> Addition REMODEL w/Underground \$114.00 (Three Inspections)
<input type="checkbox"/> NEW RESIDENCE \$114.00 (Three Inspections)

ITEMIZATION	No.	
	xxx.	
Fixtures, water connected appliances, floor drains, special drains, mobile home unit site		
Stacks (Soil, waste, vent, conductor)		
Sewers (sanitary, storm or combined)		
Water Service		
Connection building drain/building sewer		
Sub-soil drains		
Sewage ejectors, manholes, sumps		
Water distributing pipe system, less than "1"		
Water distributing pipe system, 1" or greater		
Reduced pressure zone backflow preventer		

**If a dwelling unit is 3,500 square feet or greater plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued.**

**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.

If work being performed is described above, check box "Plans Not Required."

Plans Not Required

**All projects that require plan review will be assessed a plan review fee.**

COST OF PERMIT: \$ _____
Make checks payable to <b>LOCKE TOWNSHIP</b>
Building Dept. Approval
By: _____

Description of work:
Additional Notes:

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Contractor Name:		Phone #		Fax #	
Address			City		State
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
If exempt from any of the above, explain here:			Email: <b>(REQUIRED)</b>		
<b>Section 23A of the state construction code act of 1972, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23 A are subjected to civil fines.</b>					

I am/will be the owner and occupant of the premises on which the described Installation is proposed and will be doing the proposed work myself. I will not allow anyone to do any work.

**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.**

**HOME OWNERS AFFIDAVIT and SIGNATURE**

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**AGENT/CONTRACTOR'S AFFIDAVIT and SIGNATURE**

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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_