

COMMERCIAL PLUMBING PERMIT

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

Date ____ / ____ / ____
LOCKE TOWNSHIP

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) _____ & _____

ITEMIZATION No.

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

ITEMIZATION	No.	
Plan review, administration base fee and all required and final inspections	xxx.	\$120.00
Fixtures, water connected appliances, floor drains, special drains, mobile home unit site		\$3.60 each
Stacks (Soil, waste, vent, conductor)		\$3.60 each
Sewers (sanitary, storm or combined)		\$6.00 each
Water Service		\$12.00 each
Connection building drain/building sewer		\$6.00 each
Sub-soil drains		\$6.00 each
Sewage ejectors, manholes, sumps		\$6.00 each
Water distributing pipe system, less than "1		\$12.00 each
Water distributing pipe system, 1" or greater		\$24.00 each
Reduced pressure zone backflow preventer		\$6.00 each
Medical Gas System		\$54.00 each

Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below. 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.
4. Work completed by a governmental subdivision or state agency costing less than \$15,000.00 .

If work being performed as described above, check box "Plans Not Required." **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. **All projects that require plan review will be assessed a plan review fee.**

Description of work:

Additional Notes:

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Contractor Name:		Phone #		Fax #	
Address		City		State	Zip
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	Zip
If exempt from any of the above, explain here:			Email: (REQUIRED)		
<p>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.</p>					

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.**

AGENT/CONTRACTOR'S AFFIDAVIT and SIGNATURE

I herby 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: _____