RESIDENTIAL MECHANCIAL PERMIT

LOCKE TOWNSHIP 3805 Bell Oak Rd. Ext.

Date///		8	Williamston, 1 48895 800-627-2801 800-627-2801 E 201					
	Permit # :	_						
Job Location:	Property Tax No:							
Owner:	Phone Number:							
Address:	City/State/Zip:							
Owners Email:								
	of the road: North South East West							
Fee Schedule	accept rodusya	No.						
Single Inspection \$96.00	ITEMIZATION	xxx.						
Special/Safety Inspection \$96.00	Gas/Oil burning equipment new and or conversion units							
Addition Remodel	Chimney, factory built (Class A)							
\$192.00 (Two	Duct System/Hydroponic Piping							
inspections)	Solar Equipment System and Piping System							
Addition Remodel w/	Gas Piping (New Installation)							
Underground (Three	Exhaust Fan/Power Exhaust							
inspections) \$288.00	Flue Damper/vent damper							
New Residence	L.P.G. & Fuel oil tanks, piping fee included							
(Three Inspections)	Central Air Conditioning and Heat Pump							
\$288.00	Solid Fuel Burning Equipment							
If a dwelling unit is 3,500 square feet or appropriate fee before a permit can be in Plans are not required for the following:	greater plans must be submitted with an Application for Pissued.	lan Examination a	and the					
	when the total building heating/cooling system input rating	g is 375,000 Btu's	or less.					
2. Alterations and repair work de	etermined by the mechanical official to be of a minor natu <u>re</u>	<u>).</u>						
If work being performed is described above, chec	ck box "Plans Not Required." Plans Not Required							
	_	_						
COST OF PERMIT: \$	Description of work:							
Make checks payable to								
LOCKE TOWNSHIP								

Additional Notes:

Building Dept. Approval

RESIDENTIAL MECHANICAL PERMIT

Contractor Name:	Phone	Phone #		Fax#	Fax#			
Address	L	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 Mechanical Contractor			Master License No. Exp. Date					
Master Mechanical Contractor Business Address	ess	City	I		State	Zip		
If exempt from any of the above, explain here:			Email: (REQUIRED)					
Expiration of Permit: A permand conducted. A permit shall issuance of the permit or if the time of commencing the wor AND CONDUCTED WITHIN 18 INSPECTION. CLOSED PERMI	and occupant of the proposed it remains valid become invalue authorized wk. A PERMIT WBO DAYS OF THE TS CANNOT BE	of the premark work myseld as long as id if the autors is suspected by the control of the contro	A are subjected to consist on which the delf. I will not allow a work is progressing thorized work is not ended or abandone SED WHEN NO INS	lescribed Ir lescribed Ir inyone to d g and inspe- commend d for a per PECTIONS	nstallation i lo any work ections are ed within 1 iod of 180 o ARE REQUI	s proposed c. requested .80 days after days after the		
HOME OWNERS AFFIDAV	IT and SIGNAT	URE						
I hereby certify that the wor enclosed, covered up, or pu cooperate with the inspecto	t into operation	until it has b	een inspected and ap	proved by	the inspecto	r. I will		
Signed:			Date:					
AGENT/CONTRACTOR'S A	FFIDAVIT and	SIGNATURE	Ē					
I herby certify that the prop owner to make this applicat		=	he owner of record a	nd I have be	en authoriz	ed by the		
Signed:			Date:					