

**PLUMBING PERMIT APPLICATION**

**FOR INSPECTIONS CALL DEL BEDFORD (989) 272-5108 WHEN WORK IS IN PROGRESS OR IMMEDIATELY AFTER INSTALLATION**

**TITTABAWASSEE TOWNSHIP**

145 S. Second St., PO Box 158, Freeland, MI 48623  
(989) 695-9512 Fax: (989) 695-5060  
www.tittabawassee.org

Parcel I.D. # \_\_\_\_\_

Permit # \_\_\_\_\_

Date Issued: \_\_\_\_\_

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

**I. Job Location**

Name of Owner/Agent	Has a building permit been obtained for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required
Street Address & Job Location (Street No. and Name)	
<b>Property Owner Name</b> <span style="float: right;"><b>Phone Number</b></span>	

**II. Contractor/Homeowner Information (Indicate Applicant)**

<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner	Name of Plumbing Contractor or Homeowner		Contractor License Number	Expiration Date		
<input type="checkbox"/> Master <input type="checkbox"/> Water Treatment Installer						
Address (Street No. and Name)		City	State	Zip Code		
Telephone Number ( )		Federal Employer ID Number (or reason for exemption)				
Workers Compensation Insurance Carrier (or reason for exemption)		MESC Employer Number (or reason for exemption)				
Name of Master Plumber	Master License Number	Exp. Date	Business/Branch Address	City	State	Zip Code

**III. Type of Job**

<input type="checkbox"/> Single Family	<input type="checkbox"/> New	<input type="checkbox"/> Sewer Only	<input type="checkbox"/> Water Service Only	<input type="checkbox"/> Premanufactured Home Setup (State Approved)
<input type="checkbox"/> Other	<input type="checkbox"/> Alteration	<input type="checkbox"/> Special Inspection	<input type="checkbox"/> Manufactured Home Setup (HUD Mobile Home)	

**IV. Plan Review Required**

Plans must be submitted with this application and the appropriate fee before a permit can be issued, except as listed below.

Plans are not required for the following:

- One and two-family dwelling containing not more than 3,500 square feet of building area.
- Alterations and repair work determined by the plumbing official to be of a minor nature.
- Buildings with a required plumbing fixture count less than 12.
- 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.

Plan Not Required

**V. 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 subjected to civil fines.**

Signature of Plumbing Contractor, Master Plumber, Water Treatment Installer, or Homeowner (Homeowner signature indicates compliance with Section VI Homeowner Affidavit)	Date
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**VI. Homeowner Affidavit**

I hereby certify the mechanical work described on this permit application shall **be installed by myself in my own home** in 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 Plumbing Inspector. I will cooperate with the Plumbing Inspector and assume the responsibility to arrange for necessary inspections.

**Complete Application on Back Side**

**VIIa. Fee Clarifications**

ITEM #3, MOBILE HOME UNIT SITE: WHEN item is used for sewer excavations in a new park, the permit application should include the application fee plus the number of unit sites. WHEN setting a mobile home in a park, or a mobile or modular home on private property, a permit should include the application fee, a sewer or building drain, and a water service or water distribution pipe.

**VIIb. Fee Clarifications**

ITEM #4, FIXTURES, FLOOR DRAINS, SPECIAL DRAINS, & WATER CONNECTED APPLIANCES INCLUDE:					
Water Closets	Sink (any description)	Slop Sink	Drinking Fountain	Floor Drain	Water Outlet or Connection to any Make-up Water Tank
Bath tub	Emergency Eye Wash	Bidet	Condensate Drain	Roof Drain	Water Outlet or Connection to Heating System
Lavatories	Emergency Shower	Cuspidor	Washing Machine	Grease Trap	Water Outlet or Connection to Filters
Shower Stall	Garbage Grinder	Dishwasher	Acid Waste Drain	Starch Trap	Connection to Sprinkler System (irrigation)
Laundry Tray	Water Outlet Cooler	Refrigerator	Embalming Table	Plaster Trap	Water Connected Sterilizer
Urinal	Ice Making Machine	Water Heater	Bed Pan Washer	Water Softener	Water Connected Dental Chair
Autopsy	Water Connected Still				Water Connection to Carbonated Beverage Dispensers
PLUS ANY OTHER FIXTURE, DRAIN, OR WATER CONNECTED APPLIANCE NOT SPECIFICALLY LISTED					
ITEM #5, DOMESTIC WATER TREATMENT AND FILTERING EQUIPMENT: A license is not required for the installation of domestic water treatment and filtering equipment that requires modification to an existing cold water distribution supply and associated waster 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 recorded in item #25 (see item 3) for \$5.00 each, and the appropriate water distribution pipe (system) size fee.					
ITEM #24, MEDICAL GAS SYSTEMS shall include the application fee, one Special/Safety Inspection-Medical Gas System #26 (see item #21), and the estimated number of additional inspections in #22.					

**VIII. Fee Chart – Enter the number of items being installed, multiply by the unit price for total fee. ADDITIONS TO EXISTING APPS - \$15.00**

	FEE	# ITEMS	TOTAL
<b>STARTING WORK WITHOUT A PERMIT</b>	100.00		
1. Addition to existing permit – specify permit # _____	15.00		
<b>2. APPLICATION FEE – Non-refundable</b>	70.00	1	70.00
3. Mobile Home Park Site *	5.00 each		
4. Fixtures, floor drains, special drains, water connected appliances <input type="checkbox"/> 5. Domestic water treatment and filtering equipment only **	5.00 each		
6. Stacks (soil, waste, vent and conductor)	3.00 each		
7. Sewage ejectors, sumps	5.00 each		
8. Sub-soil drains	5.00 each		
Water Service			
9. Less than 2"	5.00		
10. 2" to 6"	25.00		
11. Over 6"	50.00		
12. Connection bldg. drain – bldg. sewers	5.00		
Sewers (sanitary, storm, or combined)			
13. Less than 6"	5.00		
14. 6" & Over	25.00		
15. Manholes, Catch Basins	5.00 each		
Watering Distributing Pipe (system)			
16. 3/4" Water Distribution Pipe	5.00		
17. 1" Water Distribution Pipe	10.00		
18. 1 1/4" Water Distribution Pipe	15.00		
19. 1 1/2" Water Distribution Pipe	20.00		
20. 2" Water Distribution Pipe	25.00		
21. Over 2" Water Distribution Pipe	30.00		
22. Reduced pressure zone back-flow preventer	5.00 each		
23. Special/Safety Insp. (includes cert. fee) <input type="checkbox"/> 24. Medical Gas System ***	50.00		
24. Additional Inspection	50.00		
25. Final Inspection	50.00	1	50.00
26. Registration Fee	10.00		
<b>TOTAL</b>			

\* See VIIa. FEE CLARIFICATION, Item #3 on front  
 \*\* See VIIb. FEE CLARIFICATION, Item #5 above  
 \*\*\* See VIIb. FEE CLARIFICATION, Item #24 above

**IX. INSTRUCTIONS FOR COMPLETING APPLICATION**

**General:** Plumbing work shall not be started until the application for permit has been filed. All installations shall be in conformance with the State Plumbing Code. **No work shall be concealed until it has been inspected.** When ready for an inspection, call the inspector providing as much advance notice as possible (i.e. at least 24hrs). The inspector will need the **job location** and **permit number**.

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**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 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 CANCELLED 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.**

The Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the American with Disabilities Act, you may make your needs known to this agency.