

DATE _____

PLUMBING PERMIT # _____

**IOSCO COUNTY BUILDING DEPARTMENT
APPLICATION FOR PLUMBING PERMIT
P.O. BOX 88, TAWAS CITY, MI 48764-0088 (989) 362-6511 FAX (989) 984-1119**

JOB LOCATION _____ **PROPERTY CODE#** _____

PROPERTY DESCRIPTION _____ **TOWNSHIP** _____

NEAREST CROSS STREETS _____ **AND** _____

- | | |
|---|--|
| <input type="checkbox"/> MOBILE HOME | <input type="checkbox"/> COMMERICAL NEW |
| <input type="checkbox"/> MODULAR HOME | <input type="checkbox"/> COMMERCIAL REMODEL |
| <input type="checkbox"/> 1-2 FAMILY HOME NEW | <input type="checkbox"/> WATER / SEWER CONNECTION ONLY |
| <input type="checkbox"/> 1-2 FAMILY HOME REMODEL | <input type="checkbox"/> SAFETY / SPECIAL INSPECTION ONLY |

OWNER INFORMATION

LICENSED PLUMBING CONTRACTOR INFORMATION

FIRST NAME _____ **CONTRACTOR NAME** _____

LAST NAME _____ **CONTACT NAME** _____

ADDRESS _____ **ADDRESS** _____

CITY _____ **CITY** _____

STATE, ZIP _____ **STATE, ZIP** _____

PHONE # _____ **PHONE #** _____

MICHIGAN PLUMBING CONTRACTOR LICENSE # _____

MICHIGAN MASTER PLUMBER LICENSE # _____

APPLICANT SIGNATURE:

Section 23A of the State Construction Code Act of 1972, PA 230 of 1972, 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 structure. Violators of Section 23A are subject to civil fines.

HOMEOWNERS AFFIDAVIT:

I hereby certify the plumbing work described on this permit application shall be installed by myself in my own home which I am living in 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.

(Signature of Licensee or Homeowner (Homeowner signature indicates compliance with Section VI. Homeowner Affidavit))

DATE

PLAN REVIEW REQUIRED:

HAVE PLANS BEEN SUBMITTED? (See below for plan review requirements before completing this section.)

YES NO NOT REQUIRED

PLANS ARE NOT REQUIRED:

1. Alterations and Repair work determined by the Plumbing Official to be of a minor nature.
2. Assembly, Business, Mercantile, and Storage Buildings with a required plumbing Fixture Count less than twelve.
3. One and Two Family Dwelling containing not more than 3,500 Sq. Ft. of Building Area
4. Work completed by a Governmental Subdivision or State Agency costing less than \$15,000.00
If work is performed as described above answer plan review question above , 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 pursuant to PA 299 of 1980 as amended, and shall bear that architect's or Engineer's Seal.
Plans Must be Submitted Before Construction is undertaken.

PLUMBING FIXTURES, WATER, AND DRAIN CONNECTED, APPLIANCES INCLUDE, BUT NOT LIMITED TO:

| | | | | | | |
|---------------------------|--------------|--------------------|-----------------------------|-----------------------|-------------------------|-------------|
| Water Closets | Sinks | Slop Sink | Drinking Fountain | Water Heater | Bathtub | Bidet |
| Condensate drain | Lavatories | Shower | Cuspidor | Washing Machine | GreaseTrap | Floor Drain |
| Water Softener | Water Filter | Floor Sink | Laundry Tray | Acid Waste / Drain | Special Waste | |
| Urinal | Laundry | Ice Maker | Service Sink | Indirect Waste & Trap | Booster Pumps / Systems | |
| Sterilizer Equipment | | Eyewash Cup | Food Cleaning Equipment | | Whirlpool Bathtub | |
| Embalming Table | | Autopsy-Arena-Tray | Water Outlet Heat Exchanger | | Water Connected Still | |
| Floor Drain / Trap Primer | | Sewage Lift Pump | Sump Pump | | Sewer Ejectors | |

| | | |
|--|-------------------------------------|---|
| Commercial Kitchen Appliances | Beverage Dispenser Equipment. | Water & DWV Connected Heating Equipment |
| Potable Water Heating / Cooling Equipt | Medical / Dental Appliances | Water Supplied & Waste Equipment |
| Backflow Preventer Systems / Valves | Urinal-Bed Pan-Dishwasher Machinery | Water Cooled Refrigeration Equipment |
| Lawn Sprinkler Connected to Potable | Municipal Supplied Water Stand Pipe | Cold Water/ GarbageGrinder/ Disposal |
| Water Connected Fire Suppression Systems | Medical Gas Supply Systems / Piping | Medical Waste / Suction Systems |

PLUMBING FEE SCHEDULE

| | |
|---|---|
| Application Fee , NON-Refundable.....[\$75.00] | Water Connection, Municipal, Well, Other..... |
| Mobile Home Park Site.....[] x [10.00] = [] | 3/4" - 1" Water Supply [] x [7.00] = [] |
| Manufactured Home..... | 1 1/4" - 1 1/2" [] x [15.00] = [] |
| Water & Sewer Connection Fee.....[] x [15.00] = [] | 2" - 4" [] x [25.00] = [] |
| { [] x [] = [] | BoosterPump / Tank System..[] x [30.00] = [] |
| Manhole, Catch Basin[] x [10.00] = [] | { [] x [] = [] |
| Sub-Soil/ Storm Drain.....[] x [4.00] = [] | Backflow Preventer Devices [] x [] = [] |
| Sewage Ejector Systems[] x [5.00] = [] |(new) (repair) |
| Sump Pump Systems.....[] x [4.00] = [] | Building Main RPZ [] x [25.00] = [] |
| { [] x [] = [] |(new) (repair) |
| Building Sewer/ Drain < 6"[] x [5.00] = [] | Sprinkler Main Dbl Check [] x [30.00] = [] |
| Building Sewer/ Drain > 6"[] x [10.00] = [] |(new) (repair) |
| DWV Pipe Alternate Fee...[.05] X [] LnFt. = [] | Lawn Sprinkler Vac / Brkr [] x [15.00] = [] |
| { [] x [] = [] | [] x [] = [] |
| Plumbing Fixtures[] x [4.00] = [] | Dbl Check / RPZ for use on(new)(repair) |
| Stacks, per Vertical Riser.....[] x [4.00] = [] | Residential / Comm. Boiler [] x [10.00] = [] |
| { [] x [] = [] | { [] x [] = [] |
| Water Distribution System / Other Pressure Piping | Medical Gas Inspection Fee .. [] x [35.00] = [] |
| Medical Gas Piping / Systems | Additional Inspection Fee..... [] x [50.00] = [] |
| 3/4" - 1" Water Supply[] x [7.00] = [] | Underground Inspection Fee . [] x [35.00] = [] |
| 1 1/4" - 1 1/2"[] x [10.00] = [] | Special Inspection Fee..... [] x [35.00] = [] |
| 2" < Larger [] x [25.00] = [] | Certification Fee..... [] x [35.00] = [] |
| Piping Alternate Fee.... [.05] X [] LnFt. = [] | Inspection Fee (Rough, Final).....[\$50.00] |

(Alternate Fees Per Lineal Ft of Systems in Excess of Base Fee MinimuMs) TOTAL []

{ Inspection Ready []

{ INSTRUCTIONS FOR COMPLETING PLUMBING INSTALLATION:

GENERAL: Plumbing Work Shall NOT be started until the Application for Permit has been filed with the IOSCO COUNTY BUILDING AND SAFETY DEPT. All installations shall be in Conformance with either The Provisions of the Michigan Residential 1&2 Family Building Code 2003 or the Michigan State Plumbing Code 2006 .

{ NO WORK SHALL BE CONCEALED UNTIL IT HAS BEEN INSPECTED:

The Telephone number to schedule Inspections is printed on the Permit form, When ready for an inspection, Call the inspector providing as much Advance notice as possible. Please also provide Permit Number and directions to job site when Scheduling.

{ EXPIRATION OF PERMIT: A Permit remains valid as long as work is progressing and inspections are requested and performed.

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 canceled when no inspections are requested and conducted within SIX months of the date of a previous inspection. Canceled permits cannot be refunded or reinstated.