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Charter Township of Lansing

Permit # : _____

Charter Township of Lansing BUILDING DEPARTMENT 3209 West Michigan Avenue

Lansing, MI 48917 Questions ? - 800-627-2801 For Inspections: 800-627-2801 Ext. 1

Job Location:

Property Tax No.:

PLUMBING PERMIT

Phone No. :

Owner: Address:

City/State/Zip : _____

PLEASE FILL IN OI								
COMMERCIAL	RESIDENTIAL							
	No.	ITE	MIZATION		*			
Plan review, administration base fee and all required and final inspections	XXX		\$125.00	SINGLE INSPECTION ADDITION REMODEL	\$75.00			
Fixtures, water connected appliances, floor		1		(Two inspections)	\$125.00			
drains, special drains, mobile home unit site		\$5.00 ea	ach	ADDITION REMODEL w/Underground				
		<i>Q</i>		(Three inspections) \$175.00				
Stacks (Soil, waste, vent, conductor)		\$3.00 ea	ach	NEW RESIDENCE	+			
				(Three inspections) \$175.00				
Sewers (sanitary, storm or combined)		\$5.00 ea	ach					
				FOR RESIDENTIAL PERMITS: Please indicate applicable equipment				
Water Service		\$10.00 ea	ach					
Connection building drain/building couver		¢5.00 a	h	in the "No." column, and disregard commercial fee schedule.				
Connection building drain/building sewer		\$5.00 ea	ach					
Sub-soil drains		\$5.00 ea	ach					
		ψ5.00 C						
Sewage ejectors, manholes, sumps		\$5.00 ea	ach	COST OF PERMIT: \$				
Water distributing pipe system, less than 1"	_	\$10.00 ea	ach	Make checks payable to:				
Water distributing pipe system, 1" or greater		\$20.00 ea	ach	Charter Township of Lansing				
		\$20.00° 0.		Charter Township of Lansing				
Reduced pressure zone backflow preventer		\$5.00 ea	ach	Building Department Approval:				
Medical Cas System		¢45.00		Dur				
Medical Gas System		\$45.00		Ву:				
TOTAL: (Enter here and at right as COST OF PERMIT:)								
Contractor Name		Phone #	[]	Fax #				
		0.1						
Address		City		State	Zip			
Federal I.D. No./Special Security No. MESC			C Employer No.					
Ocatesta Lissee No.			- de als Os anno estis a la sua					
Contractor License No. Expiration Date			Worker's Compensation Insurance Carrier					
Name of Master Plumber			Master License No. Expiration Date					
Masta Diversion Address					7:-			
Master Plumber Business Address		City		State	Zip			
If exempt from any of the above, explain here:			E-mail:					
I am/will be the owner and occupant of the premises on which the described installation is proposed.								
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.								
HOME OWNER'S 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: