

PLUMBING PERMIT

Date ____ / ____ / ____

CHARTER TOWNSHIP OF LANSING

Permit # : _____

CHARTER TOWNSHIP OF LANSING

BUILDING DEPARTMENT

3209 West Michigan Avenue

Lansing, MI 48917

Questions ? - Call 800-627-2801

For Inspections: 800-627-2801 Ext. 201

Job Location: _____ Property Tax No.: _____

Owner: _____ Phone No. : _____

Address: _____ City/State/Zip : _____

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

| COMMERCIAL | | | | RESIDENTIAL | | | |
|---|-----|--------------|----------|--|----------|--|--|
| | No. | ITEMIZATION | | | | | |
| Plan review, administration base fee and all required and final inspections | XXX | | \$115.00 | SINGLE INSPECTION | \$65.00 | | |
| Fixtures, water connected appliances, floor drains, special drains, mobile home unit site | | \$5.00 each | | ADDITION REMODEL (Two inspections) | \$125.00 | | |
| Stacks (Soil, waste, vent, conductor) | | \$3.00 each | | ADDITION REMODEL w/Underground (Three inspections) | \$175.00 | | |
| Sewers (sanitary, storm or combined) | | \$5.00 each | | NEW RESIDENCE (Three inspections) | \$175.00 | | |
| Water Service | | \$10.00 each | | FOR RESIDENTIAL PERMITS: Please indicate applicable equipment in the "No." column, and disregard commercial fee schedule. COST OF PERMIT: \$ _____ Make checks payable to: CHARTER TOWNSHIP OF LANSING Building Department Approval: By: _____ | | | |
| Connection building drain/building sewer | | \$5.00 each | | | | | |
| Sub-soil drains | | \$5.00 each | | | | | |
| Sewage ejectors, manholes, sumps | | \$5.00 each | | | | | |
| Water distributing pipe system, less than 1" | | \$10.00 each | | | | | |
| Water distributing pipe system, 1" or greater | | \$20.00 each | | | | | |
| Reduced pressure zone backflow preventer | | \$5.00 each | | | | | |
| Medical Gas System | | \$45.00 each | | | | | |
| TOTAL: (Enter here and at right as COST OF PERMIT:) | | | | | | | |

| | | | | |
|---------------------------------------|-----------------|---|-----------------|-----|
| Contractor Name | | Phone # | Fax # | |
| Address | | City | State | Zip |
| Federal I.D. No./Special Security No. | | MESC Employer No. | | |
| Contractor License No. | Expiration Date | Worker's Compensation Insurance Carrier | | |
| Name of Master Plumber | | Master License No. | Expiration Date | |
| 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: _____