PLUMBING PERMIT APPLICATION

REMIT TO:

Plumbing Department	Bldg. Pe	rmit #
263 Northland Drive		
Rockford, MI 49341	Plumbing F	Permit #_
(616) 863-9294		
(800) 442-2794	Check #	

Robinson Township 12010 120th Avenue

Rockford, MI 493		Plumbing Permit #					Gr		Haven, MI 49417
(616) 863-9294 (800) 442-2794		Check #	Date						(616) 846-2210
I. Job Location									
NAME OF OWNER/AGEN	Т								FOR THIS PROJECT?
CTREET ADDRESS OF 101	DIOCATION (Start No.	C Name a)			☐ Yes	□ No) [Not	Required
STREET ADDRESS OF JOI	B LOCATION (Street No.	t name)				Robins	on Towns	ship,	Ottawa County
II. Contractor/Ho	meowner Infor	mation			•				
THE APPLICANT IS:		NAME (Homeowner or Contractor)		CONTRACTOR'S	STATE LICEN	SE NUMBER	E	XPIRA	ATION DATE
□ Master □ Water 1	Treatment Installer								
ADDRESS (Street No. & N	lame)			CITY			STA	ATE &	: ZIP
TELEPHONE NO. (with a	rea code)			FEDERAL EMPLO	YER ID NO. (or reason for	exemption))	
WORKERS COMPENSATIO	N INSURANCE CARRIER	(or reason for exemption)	MESC EMP	PLOYER NUMBER (or r	eason for ex	emption)			
NAME OF MASTER PLUME	BER		MASTER L	ICENSE NUMBER			EXPIRATIO	ON DA	TE
BUSINESS/BRANCH ADDR	RESS		CITY			STATE		ZIP	
III. Type of Job		1							
☐ Single Family	□ New	☐ Sewer Only	□ Prem	anufactured Ho	me Setup	(State Ap	oproved)		☐ State Owned
□ Other	□ Alteration	□ Special Inspection	□ Manu	factured Home	Setup (Hl	JD Mobile	Home)		□ School
IV. Plan Review	Required								
Plans must be s except as listed		an Application for Plan E	xamination and	the appropri	ate depo	osit befo	ore a pe	rmi	t can be issued,
Plans are not re	auired for:								
1. One & t	wo family dwell	ings containing not more				a.			
		rk determined by the plun		be of a minor	nature.				
		d plumbing fixture count			- C1E OC	00.00			
		overnmental subdivision of		_					
If work being pe	erformed is as de	escribed above, check the	box below title	d "Plans Not F	Required	".			
		building types and shall bear that archi					of an a	rchi	tect or engineer
l		9 and shall bear that archi	itect s or engine	er s seat and	signature	₹.			
☐ Plans not re	equired								
V. Applicant Sign									
who are to perform wor	k on a residential build	of 1972, 1972 PA 230, MCL 125.1523A, ing or a residential structure. Violators	s of are subject to civil	fines.		censing requ	irements of	this	state relating to persons
SIGNATURE OF PLUMBI signature indicates com	NG CONTRACTOR, MAS	STER PLUMBER, WATER TREATMENT	INSTALLER, OR HOMEO	WNER (Homeowner	DATE				

VI. Homeowner Affidavit

I herby certify the plumbing 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 Michigan 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.

VII. Fee Clarifications

FIXTURES, FLOOR DRAINS, SPECIAL DRAINS & WATER CONNECTED APPLIANCES INCLUDE:

Water Closets, Sink (any description), Stop Sink, Drinking Fountain, Floor Drain, Water Outlet or Connection to any Make-up Water Tank, Bathtub, 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 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

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 water piping in buildings 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 for \$5.00 each, and the appropriate water distribution pipe (system) size fee.

MEDICAL GAS SYSTEMS Shall include the application fee, one Special/Safety Inspection-Medical Gas System, and the estimated number of additional inspections.

VIII. Fee Chart-Enter the number of items being installed and multiply the unit price for total fee.

Plumbing Permit Fee Schedule	Per Unit	Number	Fee
Permit Base Fee (non-refundable)	\$40.00	1	\$40.00
Final Inspection	40.00	1	40.00
Fixtures, each	5.00		
Stacks, vents and roof conductors (per unit)	3.00		
Sewers, each	5.00		
Subsoil drains, each	5.00		
Water services, each	5.00		
Utility holes, catch basins, each	5.00		
Sewage sumps, sewage ejectors, each	5.00		
Water distributing pipe (system)			
Up to one inch	5.00		
Over one inch	20.00		
Reduced pressure zone backflow preventer, each	5.00		
Water connected appliance, equipment and devices, each	5.00		
Water heater (per unit)	30.00		
All drains and traps, each	5.00		
Underground inspection	40.00		
Rough In inspection	40.00		
TOTAL			
Additional inspections, reinspections or hourly inspections will be charged at a rate of \$40.00.			

MAKE CHECKS PAYABLE TO "ROBINSON TOWNSHIP"

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 Michigan Plumbing Code. **No work shall be concealed until it has been inspected.** When ready for an inspection, call Imperial Municipal Services at 1-800-442-2794 or 616-863-9294. The inspector will need the job location and permit number.

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 CLOSED 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.

Robinson Township 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 Americans with Disabilities Act, you may make your needs known to this agency.