

**CHEBOYGAN COUNTY
DEPARTMENT OF BUILDING SAFETY**

870 South Main Street ♦ P.O. Box 70
Cheboygan, Michigan 49721
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**PLUMBING PERMIT
APPLICATION**

Date of Application

Plumbing Permit Number

I. JOB LOCATION:

Name	Homeowner Telephone Number	Township
Site Address (Job Location)	City/ Village	Township Section

II. HOMEOWNER INFORMATION:

Name	Telephone Number	Fax Number or Email
Mailing Address	City	State Zip

III. PLUMBING CONTRACTOR AND MASTER INFORMATION:

Plumbing Contractor Name	Contractor License Number	Expiration Date
Mailing Address	I.R.S. Number	M.E.S.C. Number
City	State	Zip
Telephone Number	Fax Number	Email
Master Plumber Name	Master License Number	Expiration Date
Mailing Address	City	State Zip

III. TYPE OF JOB:

<input type="checkbox"/> Single Family	<input type="checkbox"/> New	<input type="checkbox"/> Premanufactured Home Setup (State Approved)
<input type="checkbox"/> Commercial	<input type="checkbox"/> Alteration	<input type="checkbox"/> Premanufactured Home Setup (HUD Mobile Home)

IV. 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 Licensee or Homeowner **(Homeowner signature indicates compliance with Section V. Homeowner Affidavit)**

Printed Name of Licensee or Homeowner

Date

V. HOMEOWNER AFFIDAVIT:

I hereby 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 State Plumbing Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the County Plumbing Inspector. I will cooperate with the County Plumbing Inspector and assume the responsibility to arrange for all necessary inspections.

VI. INSTRUCTION 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 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 with 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 CANCELED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELED PERMITS CANNOT BE REFUNDED OR REINSTATED.

COMPLETE APPLICATION ON BACK SIDE

VII. FEE CLARIFICATIONS:

VIIa. 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, plus inspection(s).

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, a water service or water distribution pipe and inspection(s).

VIIb. 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
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	Water Connected Sterilizer	
Urinal	Ice Making Machine	Water Heater	Plaster Trap	Water Connected Dental Chair	
Autopsy	Water Connected Still	Bed Pan Washer	Water Softener	Water Connection to Carbonated Beverage Dispensers	

PLUS ANY OTHER FIXTURE, DRAIN, OR WATER CONNECTED APPLIANCE NOT SPECIFICALLY LISTED

VIIc. 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 recorded for \$5.00 each and water distribution.

VIIId. MEDICAL GAS SYSTEMS: Shall include the application fee, one medical gas system and the estimated number of additional inspections.

VIII. FEE CHART - Enter the number of items being installed, multiply by the unit price for total fee.

NO INSPECTIONS GIVEN PRIOR TO PERMIT ISSUANCE							
Application Fee - All Permits - Non Refundable <u>DOES NOT</u> Include Inspection Fees (please itemize)	Per Unit	No.	Fee		Per Unit	No.	Fee
Fixtures (See VIIb Top of Page)	5.00			Water Distribution	5.00		
Domestic Water Treatment and Filtering Equipment Only (See VIIc Top of Page)	5.00			Reduced Pressure Zone Backflow Preventer	5.00		
Stacks (Soil, Waste, Vent and Conductor)	5.00			Mobile Home Park Site (See VIIa on Top of Page)	5.00		
Sewers (Sanitary, Storm, or Combined)	5.00			Medical Gas System (See VIId Top of Page)	5.00		
Connections Building Drain, Building Sewers	5.00			Administrative Fee	50.00		
Sub-Soil Drains	5.00			Informational/ Special/ Safety Inspection	50.00		
Sewage Ejectors, Manholes and Sumps	5.00			Additional Inspection(s) - (i.e. U.G.) - each	50.00		
				Rough Inspection	50.00		
				Final Inspection (Include on <u>ALL</u> Permits)	50.00		
Total Fees Due							

Make check payable to "Department of Building Safety"

Number of inspections for this permit: _____

Additional inspections will result in a \$50.00 fee per inspection. An invoice will be mailed.

PLEASE GIVE A BRIEF JOB DETAIL FOR THIS PERMIT