

PLUMBING PERMIT APPLICATION

Vergennes Township
 C/O Cascade Charter Township
 2865 Thornhills SE
 Grand Rapids, MI 49546-7140
 (616) 949-3765
 www.cascadetwp.com

I. JOB LOCATION

| | | | |
|---|------------------------------|---|----------|
| Name of Owner/Agent | Telephone Number () | Has a building permit been obtained for this project? | |
| | | Yes | No |
| | | Not Required | |
| Street Address & Job Location (Street No. & Name) | Suite # | City/Village | Township |

II. CONTRACTOR/HOMEOWNER INFORMATION

| | | | |
|--|------------------------|--|-----------------|
| Contractor | Name | License Number | Expiration Date |
| Homeowner | | | |
| Address (Street No. & Name) | | City | State |
| | | | Zip Code |
| Telephone Number () | Fax Number () | Federal Employer ID Number (or reason for exemption) | |
| Workers Compensation Insurance Carrier (or reason for exemption) | | MESC Employer Number (or reason for exemption) | |

III. TYPE OF JOB

| | | | | |
|---------------|------------|--------------------|--------------------|---|
| Single Family | New | Sewer Only | Water Service Only | Premanufactured Home Setup (State Approved) |
| Other | Alteration | Special Inspection | | Manufactured Home Setup (HUD Mobile Home) |

IV. PLAN REVIEW REQUIRED

| | | | |
|--|-----|----|--------------|
| Have Plans been submitted? (See below for plan review requirements before completing this section) | YES | NO | NOT REQUIRED |
| <p>Plans are not required for the following:</p> <ol style="list-style-type: none"> 1. One- and two- family dwellings containing not more than 3,500 square feet of building area. 2. Alterations and repair work determined by the plumbing official to be of a minor nature. 3. Assembly, Business, Mercantile and Storage buildings with a required plumbing fixture count less than 12. 4. Work completed by a governmental subdivision or state agency costing less than \$15,000.00 <p>If work being performed is described above, answer Section IV. "Not Required".</p> <p>Plans are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to Act No. 299 of the Public Acts of 1980, as amended, and shall bear that architect's or engineer's signature and seal. PLANS MUST BE SUBMITTED BEFORE A PERMIT CAN BE ISSUED.</p> | | | |

V. 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. (Homeowner signature indicates compliance with Section VI. Homeowner Affidavit) | | |
| Signature of Licensee or Homeowner | Print or Type Name | Date |

VI. 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 Plumbing Inspector. I will cooperate with the Plumbing Inspector and assume the responsibility to arrange for necessary inspections. |
|--|

COMPLETE APPLICATION ON BACK SIDE

VII(a). FEE CLARIFICATION

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|---|
| ITEM #2, 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. 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, and a water service or water distribution pipe. |
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VII(b). FEE CLARIFICATION (continued)

| | | | | | |
|--|---|--|--|---|--|
| ITEM #3, FIXTURES, FLOOR DRAINS, SPECIAL DRAINS & WATER CONNECTED APPLIANCES INCLUDE: | | | | | |
| Water Closets Bathub Lavatories Shower Stall Laundry Tray Urinal Autopsy | Sink (any description) Emergency Eye Care Emergency Shower Garbage Grinder Water Outlet Cooler Ice Making Machine Water Connected Still | Slop Sink Bidet Cuspidor Dishwasher Refrigerator Water Heater | Drinking Fountain Condensate Drain Washing Machine Acid Waste Drain Embalmng Table Bed Pan Washer | Floor Drain Roof Drain Grease Trap Starch Trap Plaster Trap Water Softener Water Connection to Carbonated Beverage Dispensers | Water Outlet or Connection to any Make-up Water Tank Water Outlet or Connection to Heating System Water Outlet or Connection to Filters Connection to Sprinkler Systems (Irrigation) Water Connected Sterilizer Water Connected Dental Chair |
| PLUS ANY OTHER FIXTURE, DRAIN OR WATER CONNECTED APPLIANCE NOT SPECIFICALLY LISTED | | | | | |

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

| | FEE | # ITEMS | TOTAL |
|---|-----------|---------|-------|
| 1. Application Fee (non-refundable) Includes 1 Inspection | 50.00 | 1 | 50.00 |
| 2. Mobile Home Park Site* | 5.00 each | | |
| 3. Fixtures, floor drains, special drains, water connected appliances (See Above) | 5.00 each | | |
| 4. Stacks (soil, waste, vent & conductor) | 3.00 each | | |
| 5. Sewage ejectors, sumps | 5.00 each | | |
| 6. Sub-soil drains | 5.00 each | | |
| Water Service | | | |
| 7. Less than 2" | 5.00 | | |
| 8. 2" to 6" | 25.00 | | |
| 9. Over 6" | 50.00 | | |
| 10. Connection bldg. drain/bldg. sewers | 5.00 | | |
| Sewers (sanitary, storm or combined) | | | |
| 11. Less than 6" | 5.00 | | |
| 12. 6" and over | 25.00 | | |

| | FEE | # ITEMS | TOTAL |
|--|-----------|---------|-------|
| 13. Manholes, Catch Basins | 5.00 each | | |
| Watering Distribution Pipe(system) | | | |
| 14. ¾" Water Distribution Pipe | 5.00 | | |
| 15. 1" Water Distribution Pipe | 10.00 | | |
| 16. 1 ¼" Water Distribution Pipe | 15.00 | | |
| 17. 1 ½" Water Distribution Pipe | 20.00 | | |
| 18. 2" Water Distribution Pipe | 25.00 | | |
| 19. Over 2" Water Distribution Pipe | 30.00 | | |
| 20. Reduced pressure zone back flow preventer | 5.00 each | | |
| 21. Medical Gas System | 45.00 | | |
| 22. Additional Inspection | 50.00 | | |
| 23. Final Inspection | 50.00 | | |
| | | | |
| | | | |

*See VII(a). FEE CLARIFICATIONS, Item #2 on front

Make checks payable to "Cascade Charter Township"

TOTAL FEES

IX. INSTRUCTIONS FOR COMPLETING APPLICATION

GENERAL: Plumbing work shall not be started until the application for permit has been filed with Cascade Charter Township. All installations shall be in conformance with the State Plumbing Code. **No work shall be concealed until it has been inspected.** The telephone number for the inspector will be provided on the permit form. When ready for an inspection, call the inspector providing as much advance notice as possible. **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 CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.**