



COMMUNITY BUILDING SERVICES

Please select a jurisdiction:

- DeWitt Charter Township
- City of DeWitt
- City of Grand Ledge

DATE: _____

THIS APPLICATION IS FOR:

(PRINT NAME OF OWNER)

(JOB SITE - STREET ADDRESS)

(CITY, STATE AND ZIP CODE)

Property Owner's Ph. (_____) _____

HOMEOWNER'S AFFIDAVIT:

"Section 23a of the state construction code act of 1972, Act No. 230 of the Public Acts of 1972, being section 125.1523a of the Michigan Compiled Laws, 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."

I hereby certify the work described on this application shall be installed by me in my own single family dwelling in which I am living or about to occupy.

(HOMEOWNER SIGNATURE) (DATE)

PLUMBING PERMIT APPLICATION

Plumbing Permit No. _____ Building Permit No. _____

TYPE OF EQUIPMENT:	PER UNIT	NO.	FEE
Fixtures, Water Connected Appl., Drains, Mobile Home Sites:	6.00 ea.		
<input type="checkbox"/> Water Closets			
<input type="checkbox"/> Bathtubs			
<input type="checkbox"/> Lavatories			
<input type="checkbox"/> Shower Stalls			
<input type="checkbox"/> Sink - (any type)			
<input type="checkbox"/> Laundry Tray			
<input type="checkbox"/> Drinking fountain			
<input type="checkbox"/> Dishwasher			
<input type="checkbox"/> Refrigerator			
<input type="checkbox"/> Water Heater			
<input type="checkbox"/> Acid Waste Drain			
<input type="checkbox"/> Condensate Drain			
<input type="checkbox"/> Floor Drain			
<input type="checkbox"/> Roof Drain			
<input type="checkbox"/> Slop Sinks			
<input type="checkbox"/> Bidet			
<input type="checkbox"/> Cuspidor			
<input type="checkbox"/> Emergency Eye-wash			
<input type="checkbox"/> Emergency Shower			
<input type="checkbox"/> Garbage Grinder			
<input type="checkbox"/> Urinal			
<input type="checkbox"/> Water Softener			
<input type="checkbox"/> Water Outlet Cooler			
<input type="checkbox"/> Ice Making Machine			
<input type="checkbox"/> Grease Trap			
<input type="checkbox"/> Starch Trap			
<input type="checkbox"/> Plaster Trap			
<input type="checkbox"/> Others not listed			
<input type="checkbox"/> Other water supplied device not specifically listed	3.00 ea.		
<input type="checkbox"/> Connection to a Fire Sprinkler or Irrigation System:	6.00 ea.		
<input type="checkbox"/> Water Outlet Connection to a Heating System or a Make-up Water Tank or Filter:	6.00 ea.		
Stacks (soil, waste, vent and conductor)	6.00 ea.		
Sanitary Sewer (connection at the building)	6.00 ea.		
Water Service	6.00 ea.		
Sub-Soil Drains	6.00 ea.		
Sewage Ejectors, Manholes, Sumps	6.00 ea.		
Water Distribution Pipe :			
<input type="checkbox"/> 3/4" - \$5.00			
<input type="checkbox"/> 1" - \$10.00			
<input type="checkbox"/> 1-1/4" - \$15.00			
<input type="checkbox"/> 1-1/2" - \$20.00			
<input type="checkbox"/> 2" - \$25.00			
<input type="checkbox"/> Over 2" - \$30.00			
Reduced Pressure Zone Back-flow Preventer (up to & including 1")	6.00 ea.		
Natural Gas Piping (connection)	6.00 ea.		
Special Inspections (minimum 1 hour)	50.00/hr.		
Additional, Final & Re-inspections	50.00 ea.		
Special Letter of Approval	10.00 ea.		
Registration Fee (If applicable)	15.00		
Base Permit Fee (includes one (1) inspection)	65.00 ea.	1	65.00
Application Fee (non-refundable)	10.00	1	10.00
TOTAL DUE:		\$	

STATE LAW ACT 53 REQUIRES YOU TO CALL MISS DIG 72 HOURS BEFORE YOU DIG! 1-800-482-7171

DESCRIPTION OF WORK:			
BUSINESS / ORGANIZATION:			
CONTRACTOR:		EMAIL ADDRESS:	
PHONE NUMBER: Office ()	Cell ()	Fax ()	
ADDRESS:	CITY:	STATE:	ZIP CODE:
STATE LICENSE NUMBER:	TYPE:	EXP. DATE:	
FEDERAL ID NO. OR REASON FOR EXEMPTION (DO NOT USE S.S.#):			
WORKERS COMP INS. CARRIER OR REASON FOR EXEMPTION:			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION:			
CONTRACTOR'S SIGNATURE:			

INSPECTION LINE: 517-277-0700