

GRANT TOWNSHIP SHERIDAN TOWNSHIP  
CLARE COUNTY  
PLUMBING PERMIT  
P.O. BOX 208 CLARE MI 48617  
PH: 989-386-4174 Fax: 989-386-4484

Date: _____
Permit No. _____
Payment Method: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK
Check No. _____

Street Address of Job: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

NEW  REMODEL Date of Application: \_\_\_\_\_ Date Ready: \_\_\_\_\_

COMMERCIAL  RESIDENTIAL **CONTRACTOR INFORMATION**

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone No: \_\_\_\_\_ State License No: \_\_\_\_\_

**HOMEOWNER AFFIDAVIT**

I hereby certify the plumbing work described on this permit application shall be installed by myself in my own home 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 had been inspected and approved by the County Plumbing Inspector. I **WILL** cooperate with the County Plumbing Inspector and assume the responsibility to arrange for necessary inspections.

***I agree fully comply with the mechanical laws of the State of Michigan.***

\_\_\_\_\_  
Signature of Contractor of Authorized Representative

Type of Job: <input type="checkbox"/> Single Family <input type="checkbox"/> New Sewer Only <input type="checkbox"/> Water Service Only <input type="checkbox"/> BoVCA Home Setup (modular) <input type="checkbox"/> Other <input type="checkbox"/> Alteration <input type="checkbox"/> Special Inspection <input type="checkbox"/> HUD Manufactured Home Setup (mobile)	Method of Compliance: <input type="checkbox"/> MICHIGAN BLDG CODE <input type="checkbox"/> REHABILITATION CODE
--	--

**FEE CHART**

	PER UNIT	QTY	FEE		PER UNIT	QTY	FEE
<b>PLUMBING APPLICATION FEE</b> <small>(INCLUDES \$12 ADMIN FEE) ALL NON-REFUNDABLE</small>	\$50			<b>MANHOLES, CATCH BASINS</b>	\$6 EA		
<b>FIXTURES, PIPE DRAINS, SPECIAL DRAINS, WATER CONNECTED APPLIANCE</b>	\$8			<b>REDUCED PRESSURE ZONE BACK-FLOW PREVENTER</b>	\$6 EA		
<b>STACKS</b> (soil, water, vent & conductor)	\$3 ea			<b>SPECIAL INSPECTION</b>	\$55		
<b>SEWAGE EJECTORS, SUMPS</b>	\$6 ea			<b>UNDERGROUND INSPECTION</b>	\$55		
<b>WATER SERVICES:</b> Less than .2" 2" to 6" Over 6"	\$6 \$22 \$44			<b>WATER DISTRIBUTING PIPE (SYSTEM)</b> 3/4" Water Dist. Pipe 1" Water Dist. Pipe 1 3/4" Water Dist. Pipe 1/2" Water Dist. Pipe 2" Water Dist. Pipe Over 2" Water Dist. Pipe	\$6 \$9 \$13 \$18 \$22 \$26		
<b>CONNECTION BLDG DRAIN TO BLDG, SEWER</b>	\$6			<b>ROUGH INSPECTION</b>	\$55		
<b>SEWERS</b> (sanitary, storm, or combined) Less than 6" 6" & Over	\$6 \$22			<b>FINAL INSPECTION</b>	\$55		
<b>MANUFACTURED OR MODULAR HOMES</b>	\$40			<b>ADDITIONAL INSPECTIONS</b>	\$55		

**MAKE CHECKS PAYABLE TO "Township of Grant" or "Township of Sheridan"    TOTAL FEES \$ \_\_\_\_\_**

Instructions for completing application: General: Plumbing work shall not be started until the application for permit has been filed with the township. All installations shall be in conformance with the State Plumbing Code. No work shall be concealed until it has been inspected. Call the Building Office at 989-339-4247 to schedule an inspection providing as much advance notice as possible. You will need to provide the job location and permit number.

Expiration of permits: A permit remains valid if 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 NOT 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. TOTAL PERMIT FEES MAY BE DOUBLED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.