GRANT TOWNSHIP SHERIDAN TOWNSHIP

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit No.\_\_\_\_\_\_\_\_\_\_\_

Payment Method:

 CASH CHECK

Check No.\_\_\_\_\_\_\_­­­­­\_\_\_\_

 CLARE COUNTY

 PLUMBING PERMIT

 P.O. BOX 208 CLARE MI 48617

 PH: 989-339-4274 Fax: 989-386-4484

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

Owner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Associated

Permits:

**Building** Permit No.\_\_\_\_\_\_

**Electric** Permit No.\_\_\_\_\_\_

**Mechanical**

Permit No.\_\_\_\_\_\_

 COMMERCIAL (Plan Review and Drawing may be required) RESIDENTIAL Property ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CONTRACTOR INFORMATION**

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

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

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

 *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 2021 Michigan Plumbing Code.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Contractor of Authorized Representative Phone Number

Type of Job: Method of Compliance: \_\_ Single Family \_\_ New Sewer Only \_\_ Water Service Only \_\_ BoVCA Home Setup (modular) **\_\_ MICHIGAN BLDG CODE**

**\_\_** Other \_\_ Alteration \_\_ Special Inspection \_\_ HUD Manufactured Home Setup (mobile) \_\_ **REHABILITATION CODE**

 FEE CHART

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | PER UNIT | QTY |  FEE |  | PER UNIT | QTY |  FEE |
| **PLUMBING APPLICATION FEE** (INCLUDES $12 ADMIN FEE) ALL NON-REFUNDABLE  | $50 | **1** | **$50.00** | **MANHOLES, CATCH BASINS** | $6 EA |  |  |
| **FIXTURES, PIPE DRAINS, SPECIAL DRAINS, WATER CONNECTED APPLIANCE** | $8 |  |  | **REDUCED PRESSURE ZONE BACK-FLOW PREVENTER**   | $6 EA |  |  |
| **STACKS** (soil, water, vent & conductor) | $3 ea |  |  | **SPECIAL INSPECTION** | $65 |  |  |
| **SEWAGE EJECTORS, SUMPS** | $6 ea |  |  | **UNDERGROUND INSPECTION** | $65 |  |  |
| **WATER SERVICES:** Less than .2” 2” to 6” Over 6” | $6$22$44 |  |  | **WATER DISTRIBUTING PIPE** (SYSTEM) ¾” Water Dist. Pipe 1” Water Dist. Pipe 1 ¾” Water Dist. Pipe ½’ Water Dist. Pipe 2” Water Dist. Pipe Over 2” Water Dist. Pipe | $6$9$13$18$22$26 |  |  |
| **CONNECTION BLDG DRAIN TO BLDG, SEWER** | $6 |  |  | **ROUGH INSPECTION**  | $65 |  |  |
| **SEWERS** (sanitary, storm, or combined) Less than 6” 6” & Over | $6$22 |  |  | **FINAL INSPECTION**  | $65 |  |  |
| **MANUFACTURED OR MODULAR HOMES** | $40 |  |  | **ADDITIONAL INSPECTIONS** | $65 |  |  |

 **MAKE CHECKS PAYABLE TO THE TOWNSHIP THE WORK IS BEING COMPLETED IN.** TOTAL FEES $\_\_\_\_\_\_\_\_\_\_\_\_

 *“Township of Grant” or “Township of Sheridan”*

Instructions for completing application: General: Plumbing work shall not ne 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 24–72-hour notice.

**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 SATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELED PERMITS CANNOT BE REFUNDED OR REINSTATED. **TOTAL PERMIT FESS MAY BE DOUBLED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.**