

North Branch

BUILDING DEPARTMENT

PERMIT NUMBER _____

COMMERCIAL

PLUMBING PERMIT APPLICATION

6771 ELM ST. · P.O. BOX 186 · NORTH BRANCH, MI 48461 · GENERAL INFORMATION / INSPECTIONS (810) 688-3031

JOB SITE INFORMATION

Job Site _____ N S E W Side of Road
 Cross Roads _____ and _____

APPLICANT INFORMATION

Contractor Name _____ Phone (_____) _____ D.O.B. or Lic. # _____
 Address _____ City _____ State _____ ZIP _____
 State License # _____ Federal I.D. # _____ MESC # _____ Workman's/Carrier _____
 Name of General Contractor on Job if different from above) _____

Contractor Affidavit: I hereby certify that the proposed work is authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of the State of Michigan and the local jurisdiction. All information on this application is accurate to the best of my knowledge. **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 the state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.**

Contractor's Signature _____ Date _____

JOB INFORMATION

Business Name: _____ Property Owner Name: _____
 Job Is: New Addition Alter/Repair Code Compliance Other: _____
 Or Only Installing: Water Lines Storm Lines Sanitary Lines Other: _____
 Commercial Base Fee - (2 Inspections)\$ 200.00

ENTER NUMBER OF ITEMS TO BE INSTALLED & ENTER TOTAL

___ # Fixtures, Water Connected Appliances _____ # Water Distribution System Size: _____
 ___ # Connection to Building - Drains, Sewers _____ # Sub-Soil, Floor Drains
 ___ # Stacks - Soil, Waste, Vent of Combined _____ # Thrust Blocks
 ___ # Medical Gas Piping: # _____ ft. X \$.10 per foot =
 Enter Total (Total # of Items _____ X \$8.00 plus gas pipe total) = \$ _____

ENTER NUMBER OF ITEMS TO BE INSTALLED & ENTER TOTAL

___ # Back-Flow Preventers _____ # Sumps, Ejectors, Manholes
 ___ # Catch Basins _____ # Water Hydrants
 ___ # Oil Interceptors
 Enter Total (Total # of Items _____ X \$40.00) = \$ _____

INDOOR/OUTDOOR LINES/DRAINS - MULTIPLY & ENTER TOTAL

Water Lines Sanitary Sewer Lines
 # _____ feet X \$.50 each # _____ feet X \$.50 each Total: \$ _____
 Storm Sewer Lines Trench Drains
 # _____ feet X \$.50 each # _____ feet X \$.50 each Total: \$ _____

Common Corridor Facilities @ \$120.00 flat fee\$ _____
 (plus) \$15.00 per required inspection per unit - service, rough, final).....\$ _____
 Plan Review @ \$100.00 per hour
 Additional Code Compliance Inspections requested _____ X \$100.00\$ _____
 Enter Total of this Section\$ _____

DO NOT WRITE BELOW THIS LINE - TOWNSHIP USE ONLY

TOTAL OF ALL SECTIONS ABOVE\$ _____
 Annual License Registration Fee \$15.00\$ _____
 Administration Fee Charged.....\$ _____
 Permit Number _____ TOTAL PERMIT FEE\$ _____