

PLUMBING PERMIT APPLICATION
SODUS TOWNSHIP
JOHN DOBBERTEN, PLUMBING INSPECTOR
400 S. MONROE
STURGIS, MI 49091
PHONE (269) 651-4567

Authority: 1972 PA 230 Penalty: Failure to provide information may result in denial of your request.	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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I. Project or Facility Information

NAME OF OWNER/AGENT/SCHOOL/STATE DEPT.		HAS A BUILDING PERMIT BEEN OBTAINED FOR THIS PROJECT?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required	
STREET ADDRESS AND JOB LOCATION (Street Number and Name)	CITY	ZIP CODE	COUNTY
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED			
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:			

II. Applicant/Facility Contact Information

INDICATE APPLICANT	NAME OF HOMEOWNER/CONTRACTOR	COMPANY NAME	LICENSE NUMBER	EXPIRATION DATE
<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner				
ADDRESS (Street Number and Name)	CITY	STATE	ZIP CODE	
TELEPHONE NUMBER (Include Area Code)	E-MAIL ADDRESS			
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)				
WORKERS COMPENSATION INSURANCE CARRIER (or reason for exemption)			UIA NUMBER (or reason for exemption)	

III. Type of Job

<input type="checkbox"/> Single Family	<input type="checkbox"/> New	<input type="checkbox"/> Special Inspection	<input type="checkbox"/> State Owned
<input type="checkbox"/> Other	<input type="checkbox"/> Alteration	<input type="checkbox"/> Premanufactured Home Setup (State Approved)	<input type="checkbox"/> School
		<input type="checkbox"/> Manufactured Home Setup (HUD Mobile Home)	

IV. Plan Review Information

Plans must be submitted with an Application for Plan Examination and the appropriate deposit before a permit can be issued, except as listed below.

Plans are not required for the following:

1. One-and two-family dwellings when the total building heating/cooling system input rating is 375,000 Btu's or less.
2. Alterations and repair work determined by the mechanical official to be of a minor nature.
3. Business, mercantile, and storage buildings having HVAC equipment only, with one fire area and not more than 3,500 square feet.
4. Work completed by a governmental subdivision or state agency costing less than \$15,000.00.

If work being performed is described above, check box below "Plans Not Required."

What is the building size in square footage? _____
 What is the input rating of the heating system in this building? _____

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 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

BCC Plan Review Project No. _____ Plans Not Required

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.

SIGNATURE OF CONTRACTOR OR HOMEOWNER (Homeowner's signature indicates compliance with Section VI. Homeowner Affidavit)	DATE
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VI. Homeowner Affidavit

I hereby certify the mechanical 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 Michigan Mechanical Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the State Mechanical Inspector. I will cooperate with the State Mechanical Inspector and assume the responsibility to arrange for necessary inspections.

