# **FRANKENLUST TOWNSHIP DATE:** \_\_\_\_\_ MECHANICAL PERMIT APPLICATION

| 1. JOB LOCATION   |                            |              |                        |              |  |                                  | Parcel Code #   |                     |          |                 |                   |  |
|---|----------------------------|--------------|------------------------|--------------|--|----------------------------------|---|---------------------|----------|-----------------|-------------------|--|
| Name of Owner/Agent   |                            |              |                        |              |  |                                  | Has a building permit been obtained for this project? |                     |          |                 |                   |  |
|   |                            | □Yes □No     |                        |              | ☐Not Required  |                                  |   |                     |          |                 |                   |  |
| Street Address & Job Location (Street No. and Name)   |                            |              |                        |              |  | City (circ                       | le one)<br>\Y CITY                                    |                     | FREELA   | ND              | SAGINAW           |  |
| 2. CONTRACTOR/HOMEO   | WNEF                       | RINFOR       | MATION                 |              |  |                                  |   |                     |          |                 |                   |  |
| Indicate Who the Applicant is  ☐ Contractor ☐ Homeowner   | actor's Name               |              |                        |              | Contractor Licer   |                                  |   | ense No. Expiration |          | Expiration Date |                   |  |
| Name of Business  | Business Address           |              |                        |              | City   |                                  |   | State               |          | p Code          |                   |  |
| Homeowner's Name  | •                          |              |                        |              |  | •                                |   |                     |          | •               |                   |  |
| Homeowner's Mailing Address   |                            |              |                        |              |  | City                             |   |                     | State    |                 | Zip Code          |  |
| Homeowner's Telephone No.   | Contractor's Telephone No. |              |                        |              |  | Federal E                        | Employer ID # (or reason for exemption)               |                     |          |                 |                   |  |
| Workers Compensation Insurance  | Carrier (                  | or reason    | for exemption          | mption)      |  |                                  | MESC Employer Number (or reason for exemption)        |                     |          |                 |                   |  |
| 3. TYPE OF JOB  |                            |              |                        |              |  |                                  |   |                     |          |                 |                   |  |
| ☐ Single Family ☐ Nev   | v                          | ☐ Spe        | ecial Inspect          | ion 🔲        | Premanufacture   | ed Home S                        | Setup (State  | e Appro             | ved)     | □s              | tate Owned        |  |
|   | eration                    |              | Tank                   |              | Manufactured I   |                                  |   |                     | ,        | 1∟ s            | chool             |  |
| 4. FEE CHART  | ration                     | 1            | Tank                   |              | wandiactured i   | ionic octo                       | p (HOD MC   | DIIC 110            | iiic)    | <u> </u>        |                   |  |
| DESCRIPTION   |                            | FEE          | # ITEMS                | TOTAL        | DESCRIPTION  | )N                               |   | FEI                 | = 1      | # ITEMS         | S TOTAL           |  |
| Application Fee /Rough In Inspe   | ction                      | \$50.00      | 1                      |              | 18. Duct- (n   |                                  | 25 00)  | \$.1                |          | # II LIVIN      | 1012              |  |
| (Non-Refundable)  | 0                          | Ţ CO.CC      |                        | ψ50.00       | 19. Heat Pun   | t Pumps; Commercial              |   | <b>+</b>            | 5711     |                 |                   |  |
|   | Residential Heating System |              |                        |              | (pipe not included)  |                                  |   | \$20                | 0.00     |                 |                   |  |
| (includes duct & pipe)  |                            | \$50.00      | 7 til Tidildiolo       |              | /Heat Wheels   |                                  | Φος   |                     |          |                 |                   |  |
| New Building ONLY (see sec 7)  3. Gas/Oil burning equip. (furnace) New                                    |                            |              |                        |              |  |                                  | er 10,000 CFM<br>r 10,000 CFM                         |                     | 0.00     |                 | _                 |  |
| and/or Conversion Unit  |                            | \$30.00      |                        | 22. Comme    |  |                                  |   | \$15                |          |                 |                   |  |
| 4. Residential Boiler (see sec 7)   |                            | \$30.00      |                        | 23. Heat Red |  |                                  |   | \$10                |          |                 | -                 |  |
| 5. Water Heater   |                            | \$ 5.00      |                        |              | 24. V.A.V. Boxes   |                                  | \$10  |                     |          |                 |                   |  |
| 6. Flue/Vent Damper   |                            | \$ 5.00      |                        |              | 25. Unit Ventilators   |                                  | \$10  | 0.00                |          |                 |                   |  |
| 7. Solid Fuel Equip. (includes chimney)   |                            | ¢20.00       |                        | 26. Unit Hea |  | ters (Terminal Units)            |   | \$15                | 5.00     |                 |                   |  |
| 37. Gas burning fireplace   |                            | \$30.00      |                        |              |  | 7. Fire Suppression/Protection-  |   | \$                  |          |                 |                   |  |
| Chimney, factory built-installed separately   |                            | \$25.00      |                        |              | (minimum \$20.00)  |                                  |   | head                |          |                 |                   |  |
| 9. Solar; set of 3 panels (includes piping)   |                            | \$20.00      |                        |              | 28. Evaporator Coils   |                                  |   | \$30                |          |                 |                   |  |
| 10. Gas Piping; each opening  |                            | <del>-</del> | 29.                    |              |  | 29. Refrigeration (Split System) |   | \$30                |          |                 |                   |  |
| new installation (Residential)  |                            | \$ 5.00      |                        |              | 30. Chiller  | 31. Cooling Towers               |   | \$30<br>\$30        | -        |                 |                   |  |
| 11. Air Conditioning (includes split  |                            | \$30.00      |                        |              |  | Compressor                       |   |                     |          |                 |                   |  |
| systems) 12 Heat Pumps: Complete Reside   | ntial                      | \$30.00      |                        | -            | 32. Compres<br>33. Special/S                                     |                                  |   | \$30                | 7.00     |                 | +                 |  |
| <ul><li>12. Heat Pumps; Complete Residential</li><li>13. Bath &amp; Kitchen &amp; Dryer exhaust</li></ul> |                            | \$ 5.00      |                        |              |  | (Includes Cert. Fee)             |   | \$50                | 0.00     |                 |                   |  |
| Tanks-  | · L                        | ψ 5.00       |                        | 1            | 34. Additiona  | I Inspectio                      | n   | \$50                | 0.00     |                 |                   |  |
| ☐ 14. Aboveground (see Sec 7)   |                            |              |                        |              | 35. Starting \   | Nork Witho                       | out a Permi   | t \$10              | 00.00    |                 |                   |  |
| ☐ 38. LP Tank Connection  |                            | \$20.00      |                        |              | 36. Fina   | al Inspe                         | ection  | \$5                 | 0.00     |                 | _                 |  |
| 15. Underground (see Sec 7)   |                            | \$25.00      |                        |              | 4  |                                  |   |                     |          |                 |                   |  |
| 39. LP Tank Connection 16. Humidifiers  |                            | 610.00       |                        |              | _ TOTAL  |                                  |   |                     | FEES \$  |                 |                   |  |
|   | - COL                      | \$10.00      |                        |              | Make Ch  | necks I                          | Pavable   | . To.               |          |                 |                   |  |
| 17. Piping & Geothermal Piping-mi  ☐ 40. Process piping (main gas lir                                     |                            | \$.05/ft.    |                        |              | Make Checks Payable To:  "FRANKENLUST TWP. TREASURER"  Ck # Amt. |                                  |   |                     |          |                 |                   |  |
| — 40. 1 100000 piping (main gao iii   | 10)                        |              |                        |              |  |                                  |   |                     |          |                 |                   |  |
|   |                            |              |                        |              |  | Date Initial                     |   |                     |          |                 |                   |  |
|   |                            |              |                        |              | Date   |                                  |   |                     | <u>ш</u> |                 |                   |  |
|   |                            |              |                        |              |  |                                  |   |                     |          |                 |                   |  |
| 5. APPLICANT SIGNATUR   |                            |              |                        |              |  |                                  |   |                     |          |                 |                   |  |
| conspiring to circumvent the licens structure. Violators of section 23a                                   |                            |              |                        |              |  |                                  |   |                     |          |                 |                   |  |
| Signature of Licensee or Homeo  |                            | COLCU IU U   | vii iiii⊏3. <u>(⊓(</u> | JIIICOWIICI  | o orginature iriui   | caico cuili                      | Date  |                     | HOHICOW  | TICE AIIIU      | <u> 4 * 11. /</u> |  |
|   | WIIGI.                     |              |                        |              |  |                                  | Date  |                     |          |                 |                   |  |

## 6. HOMEOWNER AFFIDAVIT

occupy. All work shall be installed in accordance with the State Mechanical Code and **shall not be enclosed, covered up,** or put into operation until it has been <u>inspected</u> and <u>approved</u> by the Twp. Mechanical Inspector. I will cooperate with the Twp. Mechanical Inspector and assume the responsibility to arrange for necessary inspections.

#### 7. Fee Clarification

ITEM #2 RESIDENTIAL HEATING SYSTEM: This item is used for the installation of a heating system in a **new residential structure**. Item #10; Gas Piping and #18; Duct, **SHOULD NOT BE** charged. Replacement systems should be itemized.

ITEM #4, RESIDENTIAL BOILER: A residential boiler must be installed by a licensed boiler installer.

ITEM #14 AND #15, TANKS: A homeowner must own tank to install. If homeowner does not own tank, a license mechanical contractor must install tank.

#### 8. PLAN REVIEW REQUIRED

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."

<u>Plans are required</u> 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.

Plan Review Submission No.

| Plans | Not | Reau | ired |
|-------|-----|------|------|
|       |     |      |      |

### 9. INSTRUCTIONS FOR COMPLETING APPLICATION

**GENERAL:** Mechanical work shall not be started until the application for permit has been filed with the Township of Frankenlust. All installations shall be in conformance with the State Mechanical Code. **No work shall be concealed until it has been inspected.** The telephone number for the inspector will be provided on the permit form below. When ready for an inspection, call the inspector providing as much advance notice as possible. The inspector will need the **job location** and **permit number**.

EXPIRATION OF PERMIT: A permit remains valid as long as 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 NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.

WHERE TO SUBMIT APPLICATION: The Bureau of Construction Codes & Fire Safety is responsible for code enforcement in units of government throughout the state which have no local program and for all state owned buildings. Permit applications for state issued permits should be sent to the address listed on this application. If you are not sure whether a state permit or local permit is appropriate, contact our office or your local building inspector. Questions regarding state issued permits may be directed to the Office of Management Services, Permit Section at (517) 241-9313. Code questions may be directed to the Mechanical Division at (517) 241-9325.

Authority: 1972 PA 230

Completion: Mandatory to obtain permit Penalty: Permit can not be issued

MECHANICAL INSPECTOR: DELL BEDFORD PH: (989) 272-5108

UPDATED 12-17-10

FRANKENLUST TOWNSHIP 2401 DELTA ROAD BAY CITY MI 48706

PH: (989) 686-5300 FAX: (989) 686-5370