PLEASE CALL <u>DELL BEDFORD @ 989-737-9108 WHEN JOB IS IN PROGRESS OR RIGHT AFTER COMPLETTION</u>

FRANKENLUST TOWNSHIP

Date		F	PLUMBING PERMIT APPLICATION									
1. JOB LOCA		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 (circle one) BAY CITY F		FREELAND	FREELAND SAGINAW		
2. CONTRAC	TOR/HOME	OWNER IN	NFORM <i>A</i>	ATION								
Indicate Who the Applicant is ☐ Contractor ☐ Homeowner ☐ Master ☐ Water Treatment Installer			Name of Contractor				Contractor License No.			Expiration Date		
Name of Business			Business			City	/	State	Zip	Code		
Homeowner's Telephone No.			Contractor's Telephone No.				F	ederal Employer	r ID # (or reason for exemption)			
Workers Compe	nsation Insurance	e Carrier (or	r reason for exemption) MESC Empl				oyer Number (or reason for exemption)					
Name of Master		•					Master License	e Number	Expiration Date			
Business/Branch				City	_			Zip Code				
3. TYPE OF JOB												
□ Oth an □ Altanation							ured Home Setup (State Approved) d Home Setup (HUD Mobile Home) State Owr					
4. FEE CHART – Enter the number of items being installed, multiply by the unit price for total fee.												
Description		FEE	ITEMS	TOTAL		Description			FEE	ITEMS	TOTAL	
1. Application Fee /Rough In Inspection (Non-Refundable)		\$50.00	1	\$50.00		13. Manholes, 0			\$5.00 ea			
inspection (Non Netundable)						Water Distributi 14. ¾ " water			\$5.00			
2. Mobil Home Park Site*		\$5.00 ea.				15. 1" water	distribut	ion pipe	\$10.00			
					16. 1 1/4" water distribution pipe 17. 1 1/2" water distribution pipe			\$15.00				
Fixtures, floor drains, special drains, water connected appliances □ 25. Domestic water treatment and filtering equipment only**		\$5.00 ea.							\$20.00			
						18. 2" water		ion pipe stribution pipe	\$25.00 \$30.00			
						20. Reduced pr			\$5.00 ea.			
						preventer 21. Domestic v filtering equipm			\$5.00			
						21. Special/Safety Insp. (includes cert Fee)			\$50.00			
Stacks (soil, waste, vent and conductor)		\$3.00 ea.				22. Additional li	nspectio	on	\$50.00			
5. Sewage ejector, sumps		\$5.00 ea.	à.			23. Medical Gas System			\$45.00			
6. Sub-soil drains		\$5.00 ea.			24. Starting W			out a Permit	\$100.00			
7	Less than 2"	\$5.00				25, Miscellaneo	us Item	S	\$ 30.00			
vvator	. 2" to 6"	\$25.00				26. Final I	nspe	ection	\$50.00	1	\$50.00	
Service 9. Over 6"		\$50.00				TOTAL FEE \$						
10. Connection building drain - building sewer		\$5.00				MAKE CHECKS PAYABLE TO						
Sewer (sanitary, storm, or combined) 11. Less than 6		\$5.00				"FRANKENLUST TWP. TREASURER" Ck # Amt Date Initial						
12. 6" & over		\$25.00										
5. APPLICANTS 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 subject to civil fines.

Signature of plumbing contractor, master plumber, water treatment installer, or Homeowner.

FEE CLARIFICATION, See item #2 below

FEE CLARIFICATION, See item #25 below

*** FEE CLARIFICATION, See item # 26 below

1972 PA 230 Authority:

Completion: Mandatory to obtain permit Permit can not be issued

6. PLAN REVIEW REQUIRED

Plans must be submitted with an Application for Plan Examination and the appropriate deposit before a permit can be issue, EXCEPT as listed below. Plans are not required for the following:

- One- and two-family dwelling containing not more than 3,500 square feet of building area.
- Alterations and repair work determined by the plumbing official to be of a minor nature.
- Buildings with a required plumbing fixture count less than 12.
- 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."

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.

Plan Review Submission No.

Plans Not Required

7. 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 has been inspected and approved by the Twp. Plumbing Inspector. I will cooperate with the Twp. Plumbing Inspector and assume the responsibility to arrange for necessary inspections.

8. FEE CLARIFICATION

ITEM #2 MOBILE HOME UNIT SITE: WHEN item is used for sewer excavations in a new park, the permit application should include the application fee plus the number of unit sites. WHEN setting a mobile home in a park, or a mobile or modular home on private property, a permit should include the application fee, a sewer or building drain, and a water service or water distribution pipe.

ITEM #3. FIXTURES, FLOOR DRAINS, SPECIAL DRAINS, & WATER CONNECTED APPLIANCES INCLUDE:

Water Closets Sink (any desc.) Slop Sink Drinking Fountain Floor Drain Water Outlet or Connection to any Make-up Water Tank

Emergency Eye Wash Condensate Drain Water Outlet or Connection to Heating System Bathtub Bidet Roof Drain Lavatories Emergency Shower Cuspidor Washing Machine Grease Trap Water Outlet or Connection to Filters

Shower Stall Connection to Sprinkler System (Irrigation) Garbage Grinder Dishwasher Acid Waste Drain Starch Trap

Laundry Tray Water Outlet Cooler Refrigerator Embalming Table Plaster Trap Water Connected Sterilizer Water Softener Water Connected Dental Chair Urinal Ice Making Machine Bed Pan Washer

Autopsy Water Connected Still Water Connection to Carbonated Beverage Dispensers

PLUS ANY OTHER FIXTURE, DRAIN, OR WATER CONNECTED APPLIANCE NOT SPECIFICALLY LISTED.

ITEM #25. DOMESTIC WATER TREATMENT AND FILTERING EQUIPMENT: A license is not required for the installation of domestic water treatment and filtering equipment that requires modification to an existing cold water distribution supply and associated waster piping in buildings if a permit is secured, required inspection performed, and the installation complies with the applicable code. If the enforcing agency determines a violation exists, it shall be corrected by the responsible installer. The permit application shall include the application fee, the number of water treatment devices recorded in item #25 (See item 3) for \$5.00 each, and the appropriate water distribution pipe (system) size fee.

ITEM #26. MEDICAL GAS SYSTEMS shall include the application fee, one Special/Safety Inspection-Medical Gas System #26 (see item #21), and the estimated number of additional inspection in #22.

9. INSTRUCTION FOR COMPLETING APPLICATION

General: Plumbing 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 Plumbing Code. No work shall be concealed until it has been inspected. The telephone number for the inspector will be provided on this permit form. 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 required 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 CANCELLED 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.

ALL PERMIT FEES WILL BE DOUBLED IF WORK IS COMPLETED WITHOUT A PERMIT.

DELL BEDFORD PH: (989) <u>737-9108</u>
Updated 10-21-19 PLUMBING INSPECTOR:

2401 DELTA ROAD **BAY CITY MI 48706-9340** PH: (989) 686-5300 FAX (989) 686-5370

FRANKENLUST TOWNSHIP