Jurisdiction of

## **Blendon Township**

## PLUMBING APPLICATION

| Send      | list | of | Jurisdictions   |
|-----------|------|----|-----------------|
| <br>Sellu | IISL | UI | Jul 15010110115 |

Make checks payable to Blendon Township.

1913 Baldwin • Jenison, MI 49428 (616) 667-8803 • Fax (616) 667-8869 www.pcimi.com

| Commercial, Residential Remodel                                    | Per Unit                      | No.           | Fee     |              |   |
|--|-------------------------------|---------------|---------|--------------|---|
| Permit base fee (non refundable, no inspections included)          |                               | 1             | 40.00   | DEDMIT       |   |
| Final Inspection   |                               |               |         | PERMIT       | DATE  |
| Rough In Inspections   | 40.00                         |               |         | NUMBER:      | B.P.#   |
| Re-inspection  | 40.00                         |               |         |              |   |
| Underground  | 40.00                         |               |         |              |   |
| Inspection, hourly rate  | 50.00                         |               |         |              |   |
| Subsoil Drains, each   | 5.00                          |               |         |              |   |
| Fixtures, each   | 5.00                          |               |         | COMMERC      | IAL: NEW REMODEL                                |
| Stacks, Vents and Roof Conductors                                  | 5.00                          |               |         |              |   |
| Sewers, each (city sewer)  | 10.00                         |               |         | RESIDENT     | IAL: NEW L REMODEL L                            |
| Water services, each (city water)                                  | 10.00                         |               |         |              |   |
| Utility Holes, Catch Basins, each                                  | 5.00                          |               |         |              |   |
| Sewage Pumps, sewage injectors, each                               | 5.00                          |               |         |              |   |
| Water distributing pipe (systems)                                  |                               |               |         |              |   |
| up to one inch   | 5.00                          |               |         |              |   |
| over one inch  | 20.00                         |               |         |              | (Job Location)                                  |
| Reduced pressure zone backflow preventer, each                     | 5.00                          |               |         |              |   |
| Water connected appliances, equipment and devices, each            | 2.00                          |               |         |              | (Print Name of owner or agent)                  |
| All drains and traps, each   | 2.00                          |               |         |              |   |
| Laboratory, hospital, clinic fixtures, equipment and devices, each |                               |               |         |              | (Street Address)                                |
| Medical Gas Piping, per opening (includes certificate)             | 20.00                         |               |         |              |   |
| Water Heater Including Inspection                                  | 45.00                         |               |         | (City)       | (Twp.)  |
| New Single Family Residence  | 160.00                        |               |         | ` ',         | · · · /   |
| New Duplex   | 210.00                        |               |         | (Ph. No.)    |   |
| Pre-Manufactured Dwelling w/o a basement                           | 40.00                         |               |         | (1.11.110.)  |   |
| Inspections not requiring a permit                                 | 75.00                         |               |         |              |   |
| Inspections not requiring a permit                                 | 75.00                         |               |         |              |   |
| If work is started before permit is applied                        |                               |               |         | Ple          | ase itemize when using flat rates for           |
| for, an additional fee will be charged.                            |                               |               |         |              | amily Residence. (CHECK NO. COLUMN ONLY).       |
| lor, air additional fee will be charged.                           |                               |               |         | Olic & TWO I | diffing residence: (official No. obcomin oner). |
| CONTRACTOR / HOMEOWNER INFORMATION                                 | ON.                           |               |         | NOT ADDITIO  | ABLE COMMERCIAL                                 |
| CONTRACTOR / HOWEOWNER INFORMATIO                                  | JIV.                          |               |         | NOT APPLIC   | ABLE COMMERCIAL                                 |
| ☐ CONTRACTOR ☐ MASTER ☐ HOMEOWNER                                  | FMAII                         |               |         |              |   |
| B CONTRACTOR B MACTER B HOMEOWNER                                  | LIVIAIL _                     |               |         |              |   |
| OWNER OR NAME OF PLUMBING CONTRACTOR                               |                               | TELEPHONE NO. |         |              |   |
| ADDRESS CITY   |                               |               |         | STATE        | ZIP CODE  |
| CONTRACTOR LICENSE #   | EXPIR                         | ATION DATE    |         |              |   |
|  | OFI F FMPI OVED               |               |         |              |   |
| FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION                 | SELF EMPLOYED<br>NO EMPLOYEES |               |         |              |   |
| MODICEDO COMO INICIDANCE CARRIER                                   | 05.5                          | TMPLOVED      |         |              |   |
| WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION             | SELF EMPLOYED<br>NO EMPLOYEES |               |         |              |   |
|  |                               |               |         |              |   |
| MESC EMPLOYER NUMBER OR  |                               | EMPLOYED      |         |              |   |
| REASON FOR EXEMPTION   |                               | MPLOYEES      |         |              |   |
| THIS IS YOUR PERMIT  | WHEN A                        | PPROV         | ED BY A | ADMINISTRAT  | IVE AUTHORITY                                   |
|  |                               |               |         |              |   |
| Inspectors Validation Signature                                    |                               | Date          |         |              |   |
|  |                               |               |         |              | Check/Cash                                      |
| Homeowners Affidavit   |                               |               |         |              | -   |

I hereby certify the electrical work described on this permit application shall be installed by myself in my single family dwelling in which I am living or about to occupy. All work shall be installed in accordance with the local Electrical Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Electrical Inspector. I will cooperate with the Electrical Inspector and assume responsibility to arrange for necessary inspections.

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 sections 23a are subjected to civil fines.

Signature of Licensee or Homeowner