Residential & Commercial properties are the same fee schedule (except for construction document reviews)

## PLUMBING PERMIT APPLICATION

## WAYNE TOWNSHIP John Dobberteen – Plumbing Inspector Phone (269-651-4567)

| I. Project or Facility Information   |                    |                    |            |             |                      |            |                         |
|--|--------------------|--------------------|------------|-------------|----------------------|------------|-------------------------|
| NAME OF OWNER/AGENT  |                    |                    | HAS A E    | BUILDING PE | RMIT BEEN OBTAIN     | ED FOR TH  | S PROJECT?              |
|  |                    |                    | ☐ Ye       | e           | □ No                 | Г          | Not required            |
| STREET ADDRESS AND JOB LOCATION (Street Number and Name)   | CITY               | ,                  | ш 16       | ZIP C       |                      | COUN       |                         |
| STREET ADDRESS AND JOB LOCATION (Street Number and Name)   | CITY               |                    |            | ZIP C       | ODE                  | COOK       | NI T                    |
|  |                    |                    |            |             |                      |            |                         |
| NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED  | •                  |                    |            |             |                      |            |                         |
| ☐ City ☐ Village ☐ Township <b>OF</b> :  |                    |                    |            |             |                      |            |                         |
|  |                    |                    |            |             |                      |            |                         |
| II. Applicant/Contractor Information  INDICATE APPLICANT  I NAME OF OWNER/LICE                           | NOFF               | OOMBANN NAME       |            |             | LIGENIOE NILIMBEE    |            | EVELDATION DATE         |
| INDICATE APPLICANT    Licensee/Water Tx Installer  | ENSEE              | COMPANY NAME       |            |             | LICENSE NUMBER       |            | EXPIRATION DATE         |
|  |                    |                    |            |             |                      |            |                         |
| Owner ADDRESS (Charat Number and Name)   |                    | CITY               |            | STA         |                      |            | ZIP CODE                |
| ADDRESS (Street Number and Name)   |                    | CITY               |            | SIA         | 116                  |            | ZIP CODE                |
|  |                    |                    |            |             |                      |            |                         |
| TELEPHONE NUMBER (Include Area Code)   |                    | E-M                | AIL ADDRES | S           |                      |            |                         |
|  |                    |                    |            |             |                      |            |                         |
| FEDERAL EMPLOYER ID NUMBER IF CONTRACTOR IF APPLICABLE (   | or rooms for ever  | motion)            |            |             |                      |            |                         |
| FEDERAL EMPLOYER ID NOMBER IF CONTRACTOR IF AFFLICABLE (   | or reason for exer | приоп)             |            |             |                      |            |                         |
|  |                    |                    |            |             |                      |            |                         |
| WORKERS COMPENSATION INSURANCE CARRIER IF APPLICABLE (C  | or reason for exen | nption) UIA        | NUMBER IF  | APPLICABLE  | (or reason for exemp | otion)     |                         |
|  |                    |                    |            |             |                      |            |                         |
|  |                    |                    |            |             |                      |            |                         |
| III. Type of Job   |                    | ,                  |            |             |                      |            |                         |
| ☐ Single Family ☐ New ☐ Spe  | cial Inspectio     | n                  |            |             |                      |            | ☐ State Owned           |
|  | nanufactured       | Home Setup (State  | e Approve  | d)          |                      |            | □ State Owned           |
|  |                    | me Setup (HUD Mo   |            |             |                      |            |                         |
| IV. Construction document review   |                    |                    |            |             |                      |            |                         |
|  |                    |                    |            |             |                      |            |                         |
| Construction document review and the appropriate of  | leposit (65%       | of permit fees for | commerc    | cial buildi | ngs, \$125.00 fo     | r residen  | tial buildings), except |
| as listed below.   |                    |                    |            |             |                      |            |                         |
| Plans are not required for the following:  |                    |                    |            |             |                      |            |                         |
| One-and two-family dwellings when the total fixt   | ure count is le    | ess than 24        |            |             |                      |            |                         |
| Alterations and repair work determined by the plum   |                    |                    | ıre.       |             |                      |            |                         |
| 3. Commercial buildings with a required plumbing fix   | ture count les     | s than 12          |            |             |                      |            |                         |
| 4. Work completed by a governmental subdivision or   |                    |                    | 5,000.00.  |             |                      |            |                         |
| If work being performed is described above, check box be   |                    | •                  |            |             |                      |            |                         |
| Code Support – 2021 Michigan Plumbing Code   | 106.5.1 & 10       | )7.1               |            |             |                      |            |                         |
| What is the fixture count if a residential building? What is the fixture count if a commercial building? |                    |                    |            |             |                      |            |                         |
| what is the fixture count if a commercial building?  |                    |                    |            |             |                      |            |                         |
|  |                    |                    |            |             |                      |            |                         |
|  |                    |                    |            |             |                      |            |                         |
|  |                    |                    | _          |             |                      |            |                         |
| ☐ Rev  | view Require       | d                  | ☐ R        | eview No    | t Required           |            |                         |
| V. Applicant Signature   |                    |                    |            |             |                      |            |                         |
| Section 23a of the state construction code act of 197  | 2 1072 DA 2        | 30 MCI 125 1523    | ∧ nrohihi  | ite a nore  | on from consni       | ring to ci | roumvent the licensing  |
| requirements of this state relating to persons who a   | ,                  | ,                  | , I        |             |                      | -          | •                       |
| are subjected to civil fines.  | ire to periori     | ii work on a resia | ontial bai | iding or c  | r residential str    | dotaro. V  | iolators or scotion zoa |
| I,(name),  |                    |                    | (+i+l      | a) attac    | t that the st        | atomonte   | , specifications, and   |
| documents submitted with this application are true   | and comple         | ete and contain a  |            |             |                      |            |                         |
| proposed work. I further attest that this application  |                    |                    |            |             |                      |            |                         |
| 125.1510(2) to make the statements and attestations  |                    |                    |            |             |                      |            |                         |
|  |                    | • •                |            |             | . ,                  |            |                         |
| SIGNATURE OF CONTRACTOR OR OWNER (REQUIRED TO PROCESS  | S APPLICATION)     |                    |            |             | J                    | DATE       |                         |
|  | ,                  |                    |            |             |                      |            |                         |

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, the number of unit sites and a final inspection. 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, a water service or water distribution pipe and a final inspection.

Item #3, Fixtures, Floor Drains, Special Drains and Water Connected Appliances Include:

Water Closets Sink (any description) Slop Sink Drinking Fountain Water Outlet or Connection to any Make-up Water Tank Floor Drain Bathtub **Emergency Eye Wash** Bidet Condensate Drain Roof Drain Water Outlet or Connection to Heating System Lavatories **Emergency Shower** Cuspidor Washing Machine Grease Trap Water Outlet or Connection to Filters Garbage Grinder Dishwasher Shower Stall Acid Waste Drain Starch Trap Connection to Sprinkler System (Irrigation) Laundry Tray Refrigerator **Embalming Table** Water Outlet Cooler Plaster Trap Water Connected Sterilizer Urinal Ice Making Machine Bed Pan Washer Water Softener Water Connected Dental Chair Water Connected Still

Sand Trap

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 water piping in buildings if a permit is secured, required inspections 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 and the appropriate water distribution pipe (system) size fee.

Oil Separator

|  | Fee         | # Items | Total   |   | Fee         | # Items | Total   |
|--|-------------|---------|---------|---|-------------|---------|---------|
| 1. Application Fee (non-refundable)                                    | \$75.00     | 1       | \$75.00 | Water Distributing Pipe (system) 14. 3/4" Water Distribution Pipe |             |         |         |
| 2. Mobile Home Park Site*  | \$5.00 each |         |         |   | \$5.00      |         |         |
| 3. Fixtures, floor, drains, special drains, water connected appliances | \$5.00 each |         |         | 15. 1" Water Distribution Pipe                                    | \$10.00     |         |         |
| 4. Stacks (soil, waste, vent and conductor)                            | \$3.00 each |         |         | 16. 1-1/4" Water Distribution Pipe                                | \$15.00     |         |         |
| 5. Sewage ejectors, sumps  | \$5.00 each |         |         | 17. 1-1/2" Water Distribution Pipe                                | \$20.00     |         |         |
| 6. Sub-soil drains   | \$5.00 each |         |         | 18. 2" Water Distribution Pipe                                    | \$25.00     |         |         |
| 7. Water Service<br>Less than 2"                                       |             |         |         | 19. Over 2" Water Distribution Pipe                               | \$30.00     |         |         |
|  | \$5.00      |         |         | 20. Reduced pressure zone back-flow preventer                     | \$5.00 each |         |         |
| 8. 2" to 6"  | \$25.00     |         |         | 25. Domestic water treatment and filtering equipment only**       | \$5.00 each |         |         |
| 9. Over 6"   | \$50.00     |         |         | 26. Medical Gas System  | \$45.00     |         |         |
| 10. Connection (bldg. drain-bldg. sewers)                              | ΦΕ 00       |         |         | 27. Water Heater  | \$5.00      |         |         |
|  | \$5.00      |         |         | Inspections   |             |         |         |
| Sewers (sanitary, storm or combined)                                   |             |         |         | 21. Underground Inspection  | \$75.00     |         |         |
| 11. Less than 6"   | \$5.00      |         |         | 22. Rough/Additional Inspection                                   | \$75.00     |         |         |
| 12. 6" and Over  | \$25.00     |         |         | 23. Final Inspection  | \$75.00     | 1       | \$75.00 |
| 13. Manholes, Catch Basins   | \$5.00 each |         |         | 24.CertificationFee   | \$30.00     |         |         |

VIII. Instructions for Completing Application

Autopsy

Total Fee: (must include \$75.00 non-refundable application fee and \$75.00 inspection fee. Also, must include the number of inspections required by the plumbing code

General: Plumbing work shall not be started until the application for permit has been filed. All installations shall be in conformance with the Michigan Plumbing Code. No work shall be concealed until it has been inspected. The telephone number for the inspector will be provided on the 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. Schedule permitting, an inspector will respond to an inspection request within 2 business days to schedule the inspection. The inspector will typically perform the inspection within 5 business days as his or her schedule permits.

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 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$75.00.

Make Checks Pavable to: **Wayne Township** Mail to: Dobberteen Inspections 400 S Monroe Sturgis, MI 49091