

# PLUMBING PERMIT

384 N Third Suite E, Fruitport, MI 49415  
 231-865-3310 or 231-865-6977  
 1-800-722-4145  
 Fax 231-865-6191  
[www.michigantownshipservicesmuskegon.com](http://www.michigantownshipservicesmuskegon.com)

Jurisdiction of

DATE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

TYPE OF JOB:

COMMERCIAL: NEW ☐ REMODEL ☐

RESIDENTIAL: NEW ☐ REMODEL ☐

OTHER - DESCRIPTION BELOW ☐

Job Location \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

Owner \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. (Home) \_\_\_\_\_ (Bus.) \_\_\_\_\_ BLDG. PERMIT NO. \_\_\_\_\_

	PER UNIT	NO.	FEE
Permit base fee (includes one inspection)	35.00	1	\$35.00
Final inspection	35.00		
Underground inspection	35.00		
Fixtures - each	4.00		
Stacks, vents and roof conductors	3.00		
Subsoil drains, each	6.00		
Utility holes, catch basins, each	6.00		
Sewage sumps, sewage ejectors, each	6.00		
Water distributing pipe (system) Up to one inch	6.00		
Over one inch	22.00		
Laboratory, hospital, clinic fixtures, equipment & devices	3.00		
Reduced pressure zone backflow preventer each	6.00		
Water connected appliance, equipment & devices each	4.00		
Floor drains, special drains & traps	3.00		
Additional Inspections	35.00		
Commercial Plan Review Fee based on \$50 per hour - \$50 minimum	50.00		
If work is started before permit is applied for, an additional fee will be charged.		TOTAL	

Contractor Signature		FAX NO.	
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NUMBER		EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			

## HOMEOWNERS AFFIDAVIT

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

Signed \_\_\_\_\_