

PLUMBING PERMIT

City of Algonac

805 St. Clair River Drive, Algonac, MI 48001

BKInspect@yahoo.com

(810) 794-9361

1. JOB LOCATION

| | | | |
|---|------|---|----------|
| Street Address | | Date Of Application | |
| On site location (Bay, N,S,W,E, Corner, Floor, Lot, Etc.) | | | |
| *APPLICANT'S LEGIBLE EMAIL ADDRESS REQUIRED* | | *All correspondences will be emailed | |
| Owners Name | | Driver's License Number | |
| Owners Address | City | State | Zip Code |
| Contact person | | Telephone Number | |

2. DESCRIPTION OF WORK: *THIS IS REQUIRED*

3. CONTRACTOR INFORMATION, IF APPLICABLE

| | | | |
|--|----------------|--|----------|
| Contractor Name | | Driver's License Number | |
| Contractor Address | City | State | Zip Code |
| Telephone Number | Date of Birth | Federal Employer ID Number (or reason for exemption) | |
| Workers Compensation Insurance (or reason for exemption) | | MESC Employer Number (or reason for exemption) | |
| Contractor License Type | License number | Expiration | |

BY SIGNING THIS APPLICATION I CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT. WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE CITY OF ALGONAC. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO BEST OF MY KNOWLEDGE.

Section 23a of the state construction code act of 1972, Act No 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, 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 APPLICANT (Homeowner must also sign affidavit - Item #3)

3. Homeowner Affidavit

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

Signature of Homeowner

4. PLUMBING FEE CHART- Enter the number of items being installed, multiply by the unit price for total fee.

| | Fee | No. | Total | | Fee | No. | Total |
|---|-------|-----|-------|--|-------|-----|-------|
| Application Fee (Non-refundable) | 75.00 | 1 | 75.00 | Sewer/Sanitary | 5.00 | | |
| License Registration, if applicable | 20.00 | | | Shower/Bath | 5.00 | | |
| | | | | Sink, Kitchen | 5.00 | | |
| Backflow Preventor (RPZ) | 25.00 | | | Sink, Slop | 5.00 | | |
| Special Equipment: Air Compressor, Automatic Laundry, Humidifer, Medical Vacuum System, Nitrous Oxide, Nitrogen, Oxygen, Medical Air. | 25.00 | | | Subsoil Drain | 5.00 | | |
| | | | | Stacks | 5.00 | | |
| | | | | Sump Pump/Sewer Ejector | 5.00 | | |
| DRAINS & FIXTURES | | | | Washing Machine | 5.00 | | |
| Air Admittance Valve | 5.00 | | | Water Closet | 5.00 | | |
| Bar Waste | 5.00 | | | Water Distribution System | 5.00 | | |
| Bathtub | 5.00 | | | Water Heater | 5.00 | | |
| Catch Basin | 5.00 | | | Water Softener | 5.00 | | |
| Dental Equipment | 5.00 | | | All other fixtures not listed | 5.00 | | |
| Dishwasher | 5.00 | | | | | | |
| Drinking Fountain | 5.00 | | | Water Distribution 3/4" - 2" | 25.00 | | |
| Floor Drains | 5.00 | | | Water Distribution 2 1/2" or greater | 30.00 | | |
| Garbage Disposal | 5.00 | | | | | | |
| Gas Piping for water heater | 5.00 | | | Building Sewer Connection | 25.00 | | |
| Hose Connection | 5.00 | | | Sump Connection to Storm Sewer | 25.00 | | |
| Humidifiers | 5.00 | | | Basement Waterproofing/Radon | 25.00 | | |
| Hose Connection | 5.00 | | | | | | |
| Laundry Tray | 5.00 | | | Rough Inspection | 75.00 | | |
| Lavatory, Single | 5.00 | | | Underground Inspection | 75.00 | | |
| Lawn Sprinkler Systems | 5.00 | | | Additional/Special Inspection | 75.00 | | |
| Medical Gas (per opening) | 5.00 | | | Final Inspection | 75.00 | | |
| Refrigeration Waste | 5.00 | | | Plan Review (25% of permit cost) | | | |
| Sewer/Private | 5.00 | | | Fine for work w/o permit (min \$50) | | | |
| | | | | *** MAKE CHECKS PAYABLE TO "CITY OF ALGONAC" *** | | | |

TOTAL FEES

No work shall be started until the application for permit has been filed with the Building Department. Installations shall conform to the State Plumbing Code. No work shall be concealed until inspected.

A permit remains valid as long as work is progressing and inspections are requested and conducted. **A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 6 MONTHS OF THE DATE OF PERMIT ISSUANCE OR WITHIN 6 MONTHS OF THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

READY FOR INSPECTION?
Email BKInspect@yahoo.com at least 24 hours in advance.

FOR OFFICE USE ONLY

Reviewed & Approved by: _____ Date: _____
 Plumbing Inspector