

MECHANICAL PERMIT APPLICATION

GERISH TOWNSHIP

2997 E. Higgins Lake Dr. • Roscommon, MI 48665
 Phone (989) 821-9313 • Fax (989) 821-8627

DATE _____ PERMIT NO _____ **M**

Owner's Name _____
 Job Address _____
 Property ID # 72-004 - _____

Owner's Mailing Address:
 Street _____
 City, State _____
 Zip _____ Phone No. _____

I Hereby Certify the Mechanical work described on the Application shall be installed by myself in my single family dwelling in which I am living or about to occupy. I also agree to conform to all applicable laws of The State of Michigan.

Homeowner's Signature _____
 Date _____ Phone No. _____

Section 23a of the State Construction Code act of 1972, Act 230 of the public acts of 1972, being section MCL 125-1529A of the Michigan compiled laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who perform work on a residential building or a residential structure. Violators of section 23a are subject to civil fines.

Contractor's Name _____
 Address _____
 Phone # _____
 Workers Comp. Ins. Carrier _____
 Federal Employer I.D. # _____

MESC Employer # _____ Expiration Date _____
 License # _____
 Contractor's Signature _____

	FEES	NO.	TOTAL
New Single Family Flat Fee Incl.	\$125.00		
up to 3 inspections A/C not Incl.	40.00		
Basic Permit Fee (1 - Insp.)	30.00		
Furnace or Boiler	30.00		
Solid Fuel Equip. (includes chim.)	25.00		
Chimneys, Vents	25.00		
Gas Piping, Ducts	10.00		
Fuel Fired Appl. (dryer, stove, etc.)	20.00		
Fire Suppression System .75¢ per head (minimum)	20.00		
Storage Tanks	15.00		
Air Conditioning	30.00		
Refrigeration System	30.00		
Cooling Towers, Heat Exchangers	25.00		
Commercial Cooking Hoods Incl. Vents	20.00		
Hydronic/Process Piping	15.00		
Air Handlers/Cleaners/Humidifier	6.00		
Exhaust Fans (Bath, Kitchen, etc.)	6.00		
Water Heater	30.00		
Re-insp. Final Inspections	40.00		
Insp. Sale of Home/Insurance			
Administration fee for work started before permit is secured			

TOTAL AMOUNT DUE \$ _____

Ck. # _____ Cash _____ Date _____ Validation _____