

PLUMBING PERMIT APPLICATION

GERRISH TOWNSHIP

2997 E. Higgins Lake Dr. • Roscommon, MI 48653  
Phone (989) 821-9313 • Fax (989) 821-8627

OFFICE HOURS:  
Monday thru Friday  
8:00 a.m. - 4:30 p.m.

DATE \_\_\_\_\_

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

P

Owner's Name \_\_\_\_\_

Job Address \_\_\_\_\_

Property Code # 72-004 - \_\_\_\_\_

Owner's Mailing Address:

Street \_\_\_\_\_

City, State \_\_\_\_\_

Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

I Heraby Certify the Plumbing 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 Mich.

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 125.1523A 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. # \_\_\_\_\_

Misc. Employer # \_\_\_\_\_

License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Contractor's Signature \_\_\_\_\_

\_\_\_\_\_ FEE NO. TOTAL

New Single Family Residence up to 3 inspections ..... \$125.00

Modular, Doublewide, Mobile Home ..... 50.00

Basic Permit Fee ..... 40.00

Fixtures, Water Connected Appliance or Device ..... 6.00

Water Distribution System ..... 6.00

Sewers -san/storm or comb ..... 10.00

Water Service Pipe - Each Unit ..... 6.00

Floor Drains, Special Drains, Sumps and Ejectors ..... 6.00

Stacks, Soil, Waste, Vent, Conductors ..... 3.00

Inspections: Final, Additional, Re-Inspection ..... 30.00

Insp. Sale of Home / Insurance ..... 40.00

Administration fee for work started before permit is secured ..... \$ \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

Ck. # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_ Validation \_\_\_\_\_