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**I. Job Location**

NAME OF OWNER/AGENT		HAS A BUILDING PERMIT BEEN OBTAINED FOR THIS PROJECT?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required	
STREET ADDRESS AND JOB LOCATION (Street Number and Name)		NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED	COUNTY
		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township <b>OF:</b>	

**II. Contractor / Homeowner Information**

INDICATE WHO THE APPLICANT IS		NAME OF PLUMBING CONTRACTOR OR HOMEOWNER		CONTRACTOR LICENSE NUMBER		EXPIRATION DATE	
<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner <input type="checkbox"/> Master <input type="checkbox"/> Water Treatment Installer							
ADDRESS (Street Number and Name)			CITY	STATE	ZIP CODE		
TELEPHONE NUMBER (Include Area Code)				FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMPENSATION INSURANCE CARRIER (or reason for exemption)				UIA NUMBER (or reason for exemption)			
NAME OF MASTER PLUMBER				MASTER LICENSE NUMBER		EXPIRATION DATE	
BUSINESS / BRANCH ADDRESS			CITY	STATE	ZIP CODE		

**III. Type of Job**

<input type="checkbox"/> <b>Single Family</b>	<input type="checkbox"/> New	<input type="checkbox"/> Sewer Only	<input type="checkbox"/> Water Service Only	<input type="checkbox"/> Premanufactured Home Setup (State Approved)	<input type="checkbox"/> <b>State Owned</b>
<input type="checkbox"/> <b>Other</b>	<input type="checkbox"/> Alteration	<input type="checkbox"/> Special Inspection	<input type="checkbox"/> Manufactured Home Setup (HUD Mobile Home)	<input type="checkbox"/> <b>School</b>	

**IV. Plan Review Required**

**Plans must be submitted with an Application for Plan Examination and the appropriate deposit before a permit can be issued, except as listed below.**

**Plans are not required** for the following:

- One-and two-family dwelling containing not more than 3,500 square feet of building area.
- Alterations and repair work determined by the plumbing official to be of a minor nature.
- Buildings with a required plumbing fixture count less than 12.
- Work completed by a governmental subdivision or state agency costing less than \$15,000.00.

If work being performed is described above, check box below "Plans Not Required."

**Plans are required** for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

Plan Review Submission No. \_\_\_\_\_  **Plans Not Required**

**V. Applicant Signature**

**Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, 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 subjected to civil fines.**

SIGNATURE OF PLUMBING CONTRACTOR, MASTER PLUMBER, WATER TREATMENT INSTALLER OR HOMEOWNER (Homeowner's signature indicates compliance with Section VI. Homeowner Affidavit)	DATE

**VI. 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 Michigan Plumbing Code and **shall not be enclosed, covered up, or put into operation** until it has been **inspected and approved** by the State Plumbing Inspector. I will cooperate with the State Plumbing Inspector and assume the responsibility to arrange for necessary inspections.

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