ROSS TOWNSHIP	MECHANICAL PERMIT			ROSS TOWNSHIP BUILDING DEPARTMENT 8721 Gull Road, Suite B Richland MI 49083 269-629-0600 800-627-2801		
Job Location:		Pro	nerty Tay No			
Job Location: Property Tax No.: Owner: Phone No.:						
	<u></u>					
Address:	<u> </u>		City/State/Zip:			
PLEASE FILL IN OF	R CHECK	THE APPRO	PRIATE SPAC	ES BELOW:		
COMMERCIAL				RESIDENTIAL		
	No.	ITEMIZ	ATION			
Plan review, administration base fee and	XXX		\$105.00	SINGLE INSPECTION	\$53.0	
all required and final inspections						
Gas/Oil burning equipment		1	ļ	SPECIAL/SAFETY INSP.	\$53.0	
new and/or conversion units		\$31.50 each		ADDITION REMODEL		
Chimney, factory built (Class A)		\$26.25 each		(Two inspections)	\$152.0	
Duct System/Hydronic Piping		\$26.25		ADDITION REMODEL w/Un		
Solar Equipment System and piping system		\$21.00		(Three inspections)	\$205.00	
Gas Piping (New Installation)		\$5.25		NEW RESIDENCE	#00E 0	
Exhaust Fan/Power Exhaust		\$5.25 each		(Three inspections)	\$205.00	
Flue damper/vent damper		\$5.25 each		FOR RECIDENTIAL REL	DINTO.	
L.P.G. & Fuel oil tanks, piping fee included		\$21.00 each		FOR RESIDENTIAL PERMITS:		
Central Air Conditioning and Heat Pump		\$0.05 /foot in the "No." column, and disre		Please indicate applicable equipment		
Piping Systems (incl. process piping) - minimum \$25.00 Air Handlers/Heat Wheels - Under 10,000 CFM				gard		
Air Handlers/Heat Wheels - Over 10,000 CFM		\$21.00 each		commercial fee schedule.		
Commercial Hoods		\$15.75 each				
Heat Recovery Units		\$63.00 each	• • • • • • • • • • • • • • • • • • • •			
V.A. V. Boxes Unit Ventilators		\$10.50 each \$10.50 each \$10.50 each		COST OF PERMIT: \$		
						Unit Heaters (terminal units)
Fire Suppression/Protection - minimum \$20.00		\$0.79 /head				
Evaporator Coils		\$31.50 each		ROSS TOWNSHIP		
Refrigeration (split system)	_	\$31.50 each				
Chiller		\$31.50 each		Building Department App	roval.	
Cooling Towers		\$31.50 each		Danuming Dopartimont App	iorai.	
Compressor		\$31.50 each		By:		
TOTAL: (Enter here and at right as COS	T OF PE					
Contractor Name	7, 0, 12	Phone #		Fax#	 	
Address		City		State	Zip	
ederal I.D. No./Special Security No.		MESC Employer No.				
icense No. Expiration Date Worker's Compensation Insura		Januaryan Carrier				
		i insulance carrier				
If exempt from any of the above, explain here:		E-mail:			i	
l am/will be the ow	mer and o	ccupant of the n	remises on which	the described installation is p	ntonosad	
Section 23A of the state construction code act of 19						
icensing requirements of the state relating to person	ons who a	re to perform wo	ons a person fron irk on a residentia	n conspiring to circumvent the al building or a residential stru	cture.	
/iolators of Section 23 A are subjected to civil fines		,			-14.0.	
HOME OWNER'S AFFIDAVIT and SIGNAT	URE					
hereby certify that the work described above shall be installed in accorded pproved by the inspector. I will cooperate with the inspector and assume	ance with the k				ected and	
Signed:						
Signed:	····		Date:			

AGENT/CONTRACTOR'S AFFIDAVIT and SIGNATURE

Signed:

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Date: