PLUMBING PERMIT ROSS TOWNSHIP Permit #:					ROSS TOWNSHIP BUILDING DEPARTMENT 8721 Gull Road, Suite B Richland MI 49083 269-629-0600 800-627-2801		
							
Job Location:			Property Tax N	o.:			
Owner:	<u> </u>	·	Phone No). :			
Address: City/State/Zip:							
PLEASE FILL IN OR	CHECK	THE AP	PROPRIATE	SPACES	····		
COMMERCIAL	COMMERCIAL				RESIDENT	ial_	
Plan review, administration base fee and	No.		EMIZATION \$105.	00	SINGLE INSPECTION	\$53.0	
all required and final inspections			\$100.		ADDITION REMODEL	φυυ.υ	
Fixtures, water connected appliances, floor				<u> </u>	(Two inspections)	\$152.0	
drains, special drains, mobile home unit site		\$5.25	each	1:	ADDITION REMODEL w (Three inspections)	/Underground \$205.00	
Stacks (Soil, waste, vent, conductor)		\$3.15	each		NEW RESIDENCE	\$200.00	
					Three inspections)	\$205.00	
Sewers (sanitary, storm or combined)	<u> </u>	\$5.25	each				
Water Service		\$10.50 each		Pi	FOR RESIDENTIAL PERMITS: Please indicate applicable equipment in the "No." column, and disregard commercial fee schedule.		
Connection building drain/building sewer		\$5.25 each					
Sub-soil drains		\$5.25 €	each				
Sewage ejectors, manholes, sumps		\$5.25 each		C	OST OF PERMIT: S	S	
Water distributing pipe system, less than 1"		\$10.50 each		_ Ma	Make checks payable to:		
Water distributing pipe system, 1" or greater	\$21.00 €		ach	_ F	OSS TOWNSHIP		
Reduced pressure zone backflow preventer		\$5.25 e	5.25 each		Building Department Approval:		
Medical Gas System		\$47.25 each		Ву	Ву:		
TOTAL: (Enter here and at right as COS	T OF PE	ERMIT:)					
Contractor Name		Phone #		F	8X #		
Address		City		S	ate	Žip	
Federal I.D. No./Special Security No.		MESC Employer No.					
Contractor License No. Expiration Date		Worker's Compensation Insurance		nsurance Carr	ier .		
Name of Master Plumber	f Master Plumber		Master License No.		Expiration Date		
Master Plumber Business Address	(City		St	ate	Zip	
If exempt from any of the above, explain here:		E-r	nail:	- <u></u>	·		
f am/will be the ow	ner and oc	ccupant of	the premises on	which the	described installation	is proposed.	
Section 23A of the state construction code act of 19 licensing requirements of the state relating to perso Violators of Section 23 A are subjected to civil fines.	72, MCL 1 ns who ar	25.1523A,	prohibits a perso	n from co	nspiring to circumvent	the	
HOME OWNER'S AFFIDAVIT and SIGNATU							
I hereby certify that the work described above shall be installed in accorda: approved by the inspector. I will cooperate with the inspector and assume	nce with the lo the responsib	ocal code and si pility to arrange t	hall not be enclosed, co for necessary and time!	overed up, or p y inspections.	ut into operation until it has beer	inspected and	
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:

09/19/2012 Ы