APPLICATION FOR PLUMBING PERMIT



Permit#	P		
Date:	/	/	

Inspection Request Information

Inspection can be scheduled Mondays, Wednesdays, & Fridays from 9 a.m.–12 p.m. By Phone (248) 557-2600 ext 222 Or by Fax (248) 557-2602

A HERITAGE OF GOOD	LIVING									
Job Location:					Building Permit #:					
Property Owner:					Phone #:					
This application	n when prope	erly signed	grants permission to:							
Contractor Nam	ne:									
	tor Name:									
	Phone #:									
To install plumb							•			
Fixture	Qty.	Fee	Fixture	Qty.	Fee	Fixture	Qty.	Fee		
Stack			Dishwasher			Inside Drain				
Sump & Pump			Hose Bibb			Water Dist. Size				
Water Heater			Lavatory			Swimming Pool				
Sink			Water Closet			Sprinkler				
Tub			Floor Drain			Septic By-pass				
Shower			Storm Water Drain			Crock to Iron				
Laundry Tray			Catch Basin			Sewer Repair				
Disposal			Ditch Enclosure			Other				
Reg.		\$15.00	Inspection		\$40.00	Other				
Ready for inspe	ection? Yes	□ No □			Total I	Tee \$				
			Permit Cancel Before Work Begins 5 After Work Begins	0% permit	fee returned					
Public Act 135 o	f 1989 mand	ates the follo	owing information for a	all reside	ential permit	ts:				
Applicant License	e No.:			_	Expirati	on Date:				
Worker's Disabil	ity Compensa	tion Insuran	ce Carrier or Reason Exe	emption:						
Internal Revenue	Code Employ	er ID# or E	xemption Reason:							
Michigan Employ	yment Securit	y Comm. En	nployer # or Exemption	Reason:						
Michigan Comp	iled Laws, pr	ohibits a pe	odes act of 1972, Act I erson from conspiring t ial building for a resid	o circun	ent the lice	ensing requirements o	f this state r	relating to		
Applicant's Signature:					Date:					