

# PLUMBING PERMIT APPLICATION

Remit to:

Cannon Township  
6878 Belding Road NE  
Rockford, MI  
49341 (616) 874-  
6966

Bldg. Permit # \_\_\_\_\_

Plumbing Permit # \_\_\_\_\_

For inspections call: Imperial  
Municipal Services (616)  
863-9294

Check # \_\_\_\_\_ Date \_\_\_\_\_

## I. Job Location

|  |   |
|--|---|
| NAME OF OWNER/AGENT  | HAS A BUILDING PERMIT BEEN OBTAINED FOR THIS PROJECT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required |
| STREET ADDRESS OF JOB LOCATION (Street No. & Name)/ MUST INCLUDE PARCEL NUMBER | Cannon Township, Kent County  |

## II. Contractor/Homeowner Information

|   |  |   |                 |
|---|--|---|-----------------|
| THE APPLICANT IS:<br><input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner<br><input type="checkbox"/> Master <input type="checkbox"/> Water Treatment Installer | NAME (Homeowner or Contractor)                 | CONTRACTOR'S STATE LICENSE NUMBER                 | EXPIRATION DATE |
| ADDRESS (Street No. & Name)   | CITY   | STATE & ZIP                                       |                 |
| TELEPHONE NO. (with area code) / AND EMAIL ADDRESS  |  | FEDERAL EMPLOYER ID NO. (or reason for exemption) |                 |
| WORKERS COMPENSATION INSURANCE CARRIER (or reason for exemption)  | MESC EMPLOYER NUMBER (or reason for exemption) |   |                 |
| NAME OF MASTER PLUMBER  | MASTER LICENSE NUMBER                          | EXPIRATION DATE                                   |                 |
| BUSINESS/BRANCH ADDRESS   | CITY   | STATE   | ZIP             |

## III. Type of Job

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

## 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:

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

work being performed is as described above, check the box below titled "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 PA299 and shall bear that architect's or engineer's seal and signature.

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 are subject to civil fines.

|   |      |
|---|------|
| SIGNATURE OF PLUMBING CONTRACTOR, MASTER PLUMBER, WATER TREATMENT INSTALLER, OR HOMEOWNER (Homeowner 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 Plumbing Inspector. I will cooperate with the Plumbing Inspector and assume the responsibility to arrange for necessary inspections.

**Complete Application on Back Side**

**FIXTURES, FLOOR DRAINS, SPECIAL DRAINS & WATER CONNECTED APPLIANCES INCLUDE:**

Water Closets, Sink (any description), Stop Sink, Drinking Fountain, Floor Drain, Water Outlet or Connection to any Make-up Water Tank, Bathtub, Emergency Eye Wash, Bidet, Condensate Drain, Roof Drain, Water Outlet or Connection to Heating System, Lavatories, Emergency Shower, Cuspidor, Washing Machine, Grease Trap, Water Outlet or Connection to Filters, Shower Stall, Garbage Grinder, Dishwasher, Acid Waste Drain, Starch Trap, Connection to Sprinkler System (irrigation), Laundry Tray, Water Outlet Cooler, Refrigerator, Embalming Table, Plaster Trap, Water Connected Sterilizer, Urinal, Ice Making Machine, Water Heater, Bed Washer, Water Softener, Water Connected Dental Chair, Autopsy, Water Connected Still, Water Connection to Carbonated Beverage Dispensers

**PLUS ANY OTHER FIXTURE, DRAIN OR WATER CONNECTED APPLIANCE NOT SPECIFICALLY LISTED**

**DOMESTIC WATER TREATMENT AND FILTERING EQUIPMENT:** A license is not required for the installation of domestic water treatment and filtering equipment that requires modification to an existing cold water distribution supply and associated water piping in buildings if a permit is secured, required inspections performed, and the installation complies with the applicable code. If the enforcing agency determines a violation exists, it shall be corrected by the responsible installer. The permit application shall include the application fee, the number of water treatment devices for \$5.00 each, and the appropriate water distribution pipe (system) size fee.

**MEDICAL GAS SYSTEMS** Shall include the application fee, one Special/Safety Inspection-Medical Gas System, and the estimated number of additional inspections.

**VII. Fee Clarifications**

**VIII. Fee Chart-Enter the number of items being installed and multiply the unit price for total fee.**

| Plumbing Permit Fee Schedule   | Per Unit | Number | Fee     |
|--|----------|--------|---------|
| Permit Base Fee (non-refundable)   | \$40     | 1      | \$40.00 |
| Underground inspection   | 38.00    |        |         |
| Rough-in inspection  | 40.00    |        |         |
| Final inspection   | 40.00    | 1      | 40.00   |
| Fixtures, each   | 5.00     |        |         |
| Stacks, vents and roof conductors (per unit)   | 3.00     |        |         |
| Sewers, each   | 5.00     |        |         |
| Subsoil drains, each   | 5.00     |        |         |
| Water services, each   | 5.00     |        |         |
| Utility holes, catch basins, each  | 5.00     |        |         |
| Sewage sumps, sewage ejectors, each  | 5.00     |        |         |
| Water distributing pipe (system)   |          |        |         |
| Up to one inch   | 5.00     |        |         |
| Over one inch  | 20.00    |        |         |
| Reduced pressure zone backflow preventer, each   | 5.00     |        |         |
| Water connected appliance, equipment and devices, each   | 5.00     |        |         |
| Replacement water heater (includes final inspection)   | 50.00    |        |         |
| All drains and traps, each   | 5.00     |        |         |
| Additional inspections   | 40.00    |        |         |
| <b>TOTAL</b>   |          |        |         |
| Additional inspections, re-inspections or hourly inspections will be charged at a rate of \$40.00. |          |        |         |

**MAKE CHECKS PAYABLE TO "CANNON TOWNSHIP"**

**IX. Instructions for Completing Application**

**General:** Plumbing work shall not be started until the application for permit has been filed. All installations shall be in conformance with the Michigan Plumbing Code. No work shall be concealed until it has been inspected. When ready for an inspection, call Imperial Municipal Services at 1-800-442-2794 or 616-863-9294. The inspector will need the job location and permit number. \_\_\_\_\_

**Expiration of Permit:** A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

Cannon Township will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.