

**Make checks payable
to the Jurisdiction**

1575 142nd Ave.
Dorr, MI 49323
Phone: (616) 877-2000
Fax: (616) 877-4455
Web: www.pcimi.com

Jurisdiction of _____

PLUMBING APPLICATION

Please send application forms

PERMIT NO. _____

Job Location _____

DATE _____

Owner _____

BLDG. PERMIT NO. _____

Address _____

TYPE OF JOB:

COMMERCIAL: NEW REMODEL

RESIDENTIAL: NEW REMODEL

City _____ State _____ Zip _____

Phone No. (Home) _____ (Bus) _____

Email _____

Commercial and Residential

Permit base fee, non-refundable, no inspections included
 Fixtures, each
 Stacks, vents and roof conductors
 Sewers each (city sewer)
 Subsoil drains, each
 Water services each, (city water)
 Utility holes, catch basins, each
 Sewage sumps, sewage ejectors, each
 Water distributing pipe (system)
 Up to one inch
 Over one inch
 Reduced pressure zone backflow preventer each
 Water connected appliances, equipment and devices, each
 All drains and traps, each
 Laboratory, hospital, clinic fixtures, equipment devices, each
 Underground inspection
 Rough-in Inspection fee
 Reinspection
 Final Inspection
 Inspections, hourly rate
 Inspections not requiring a permit
 Additional Inspection Fee
 New Single Family Residence
 Duplex (Two Family)
 Pre-Manufactured Dwelling w/o Basement

Per Unit	No.	Fee
40.00	1	40.00
5.00		
5.00		
10.00		
5.00		
10.00		
5.00		
5.00		
5.00		
5.00		
5.00		
20.00		
5.00		
2.00		
2.00		
2.00		
40.00		
40.00		
40.00		
50.00		
75.00		
40.00		
160.00		
210.00		
40.00		
TOTAL FEE		

**Please itemize when using flat rates for
One & Two Family Residence. (CHECK NO. COLUMN ONLY).**

CONTRACTOR		EMAIL	
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
CONTRACTOR LICENSE NO.	MASTER LICENSE NO.	EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION		SELF EMPLOYED	<input type="checkbox"/>
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION		NO EMPLOYEES	<input type="checkbox"/>
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION		SELF EMPLOYED	<input type="checkbox"/>
		NO EMPLOYEES	<input type="checkbox"/>

THIS IS YOUR PERMIT WHEN APPROVED BY ADMINISTRATIVE AUTHORITY

Inspectors Validation Signature _____ **Date Paid** _____

Check # _____

HOMEOWNERS AFFIDAVIT

I hereby certify the plumbing work described on this permit application shall be installed by myself in my single family dwelling in which I am living or about to occupy. All work shall be installed in accordance with the Local 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.

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 sections 23a are subjected to civil fines.

Signature of Licensee or Homeowner _____

Keep yellow copy. Return white copy with payment.