



# CLINTON COUNTY BUILDING DEPARTMENT

Clinton County Courthouse  
100 E. State St. Suite 1300, St. Johns, MI. 48879  
Phone 989-224-5180/fax 989-227-6492



## PLUMBING PERMIT APPLICATION

Commercial     
  Residential     
  New     
  Existing

### JOB LOCATION

Name of Owner	
Street Address	City
Township	Section

#	TYPE OF EQUIPMENT	PER UNIT FEE	QTY.	FEE
1	Application Fee (includes 1 inspection)			
2	Fixtures, Water Connected Appliances & Devices, and Drains (Examples provided elsewhere on actual permit)	\$ Each		
3	Stacks (soil, waste, vent and conductor)	\$ Each		
4	Sewage Ejectors & Sumps	\$ Each		
5	Sewer (storm, sanitary connection at building)	\$ Each		
6	Water Service – 2” or less			
7	- More than 2”, Less than 6”			
8	- Over 6”			
9	Water Dist. Piping System – 1” or less			
10	- More than 1”			
11	Reduced Pressure Back Flow Preventer	Each		
12	Sub-Soil Drains	Each		
13	Additional, Final, and Re-inspections			
14	Investigation Fee (Late Permit)			
15	Special Inspections: V.A., F.H.A. or pertaining to sale			
	<b>TOTAL</b>			

### APPLICANTS SIGNATURE

Section 23a of the State Construction Act of 1972, Act No. 230, of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

Signature of responsible party (homeowner must also sign below)

X \_\_\_\_\_ Date: \_\_\_\_\_

### 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 State 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.

X \_\_\_\_\_

#### NOTICE:

UNDER STATE LAW, ACT 53, YOU MUST CALL MISS DIG BEFORE ANY TYPE OF UNDERGROUND EXCAVATION.

ISSUED BY:

Number of Bathrooms

\_\_\_\_\_ bsmt    \_\_\_\_\_ 1st floor    \_\_\_\_\_ 2nd floor

\_\_\_\_\_ OTHER

**SEPARATE CHECK FOR PLUMBING PERMIT PAYABLE TO CLINTON COUNTY BUILDING DEPT.**

### CONTRACTOR/HOMEOWNER INFORMATION

<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner		Name		State License Number & Expiration Date	
Address			State Registration Number		Local Licensing Jurisdiction
City	State	Zip Code	Local License Number & Expiration Date		
Telephone Number		Federal Employer ID Number (or reason for Exemption)			
Workers Comp. Insurance Carrier (or reason for exemption)			MESC Employer Number (or reason for Exemption)		

#### Plan Review required for commercial permits

**Plan Review:** If plan review is required, the fee shall be 25% of the building plan review cost