

WHITE RIVER TOWNSHIP

7386 Post Road
Montague, MI 49437
231-894-9216

Plumbing Permit

Job Address: _____ Building Permit Required: Yes No

Home Owner: _____	
Street Address: _____	
City, State, Zip Code: _____	
Cell/Phone #: _____	Email: _____
Contractor: _____ State License No. _____	
Street Address: _____	Exp. Date: _____
City, State, Zip Code: _____	
Contact Phone #: _____	
Workers Comp. Insurance Carrier _____	Liability Insurance Carrier _____
Federal Employer ID No. (or reason for exemption) _____	MESC Employer No. (or reason for exemption) _____

Description of Work			
_____ Single Family	_____ Other	_____ New	_____ Alteration

Applicant/Permit Holder Signature: _____	
The permit holder is responsible for all fees and inspections associated with this permit	
Building Department Approval: _____	
Permit #: _____	Date: _____

Name: _____

Address: _____

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 (6) months after the issuance of the permit; or if the authorized work is suspended or abandoned for a period of six (6) months after the time of commencing the work. A permit will become invalid if no inspections are requested and conducted within six (6) months of the date of issuance, or if no inspections are requested or conducted within six (6) months of a previous inspection.

Section 23A of the State Construction Code Act of 1972. MCL125.523A, prohibits a person from conspiring to circumvent the state licensing requirement of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23A are subjected to civil fines.

HOMEOWNER AFFIDAVIT: I certify that the work described on this permit 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 code and **shall not be enclosed or covered up or put into operation** until it has been inspected and approved by the appropriate inspector. I assume the responsibility to arrange for all necessary inspections.

ITEMIZED FEE SCHEDULE

	No.	Fee	Total
New Residential Home	[]	x \$175.00 =	[]
Up To 3,500 sq. ft. - 3 Inspections			
HUD Label Manufactured House - 1 Inspection	[]	x \$75.00 =	[]

New Residential Home Over 3,500 sq ft or Other Work			
Plan Review Required			
Application Fee	[]	x \$50.00 =	[]
Fixtures, Floor Drains, Water			
Connected Appliances - each	[]	x \$ 8.00 =	[]
Stacks, Vents, Conductors - each	[]	x \$ 8.00 =	[]
Sewage Ejectors, Sumps - each	[]	x \$ 8.00 =	[]
Sub Soil Drains	[]	x \$ 8.00 =	[]
Water Service - Less than 2" - per Fixture	[]	x \$ 8.00 =	[]
Sewer - Less than 6" - per fixture	[]	x \$ 8.00 =	[]
Back Flow Preventer - each	[]	x \$ 8.00 =	[]
Water Heater	[]	x \$10.00 =	[]
Water Treatment/Filtering Equipment - each	[]	x \$10.00 =	[]
Commercial - Follow State Fee Schedule			
Special Inspection	[]	x \$50.00 =	[]
Additional Inspection	[]	x \$50.00 =	[]
Final Inspection	[]	x \$50.00 =	[]
Admin Fee (required)	[]	x \$30.00 =	[30.00]
		Total Permit Fee	[]

Receipt No. _____