

# Plumbing Permit Application

Napoleon Township  
 6755 Brooklyn Rd P.O. Box 385  
 Napoleon, MI 49261  
 (517) 536-8694

Applicant (check one)  Homeowner/occupant  Licensed Contractor

## CONTRACTOR

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractors License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Bus Phone Number \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

**HOMEOWNER**– I hereby certify the plumbing work described on this permit application shall be installed by myself in my own home which I am living in 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 Local Plumbing Inspector and assume the responsibility to arrange for necessary inspections.

## PROJECT INFORMATION

Property Owner \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Project	Number	Project	Number	<u>Please check the one that applies</u>	
Stacks	___	Sump	___	New ___	Repair ___
Sinks	___	Showers	___	Addition ___	Alteration ___
Baths	___	Urinal	___	Estimated Cost of Project	
Water Closet	___	Catch Basin	___	\$ _____	
Lavatory	___	Dishwasher	___	<b><u>Fee Schedule</u></b>	
Tank & Heater	___	Humidifier	___	<b>\$70.00 Per Inspection</b>	
Laundry Tray	___	Garbage Grinder	___	Anticipated inspections needed _____	
Water Distribution System	___	Special Waste	___		
Floor Drains	___	Rainwater Leaders	___		
Sewage Ejector	___	Miscellaneous Fixtures	___		
Fountain (Drinking)	___	Other _____	___		

**To obtain an inspection, call: Carl Janson © 517-937-2530 (H) 517-563-8730**

Sec 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523 A, 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 Section 23a are subjected to civil fines. (Homeowner signature indicates compliance with Homeowner Affidavit.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_