

PLUMBING PERMIT APPLICATION

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

Contractor

Company Name _____
Company Address _____
City _____ State _____ Zip _____
Contractors License No. _____
Expiration Date _____
Business Phone Number _____ Cell Phone (if applicable) _____

FOR OFFICE USE ONLY

Date Received _____
Permit Number _____
Bldg. Permit No. _____
Fee for Permit _____

Homeowner

This is to certify that I, _____ being duly sworn agree that if a Plumbing Permit is granted me I will actually do all the work involved in connection with mechanical work in and on the following described property, which will be owned and occupied by me for not less than 12 months from this date.

It is understood by me that this work must comply will all provisions of Section 106 of the International Plumbing Code of 1997 and that the inspection authority has the right to judge me qualified to do the work.

Signature _____

Project Information

Property Owner _____ Home Number _____
Address _____ City _____ State _____ Zip _____

Type of Equipment	Number	Fee
Stacks		
Sinks		
Baths		
Water Closet		
Lavatory		
Tank and Heater		
Laundry Tray		
Water Distribution System		
Floor Drains		
Sewage Ejector		
Fountain (Drinking)		

Type of Equipment	Number	Fee
Sump		
Showers		
Urinal		
Catch Basin		
Dishwashing Machine		
Humidifier		
Garbage Grinder		
Washing Machine		
Special Wastes		
Rainwater Leaders		
Miscellaneous Fixtures		

Fee Schedule: \$70 per inspection required

Please check the one that applies

Estimated cost of this project \$ _____

- New Alteration
 Repair Addition

To obtain an inspection, call: HOWARD McMULLEN - (517) 536-4138

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT CITY ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature _____

Today's Date _____