

PLUMBING PERMIT APPLICATION

Napoleon Township

6755 Brooklyn Rd
 P.O. Box 385
 Napoleon, MI 49261
 Phone 517-536-8694
 Fax 517-536-0112

Applicant (check one) _____ Homeowner/occupant _____ Licensed Contractor

Project Information	
Property Owner:	Phone Number:
Project Address:	

Contractor Information			
Name:		Address:	
City	State, Zip	Phone #	Fax #
Builders License Number	Expiration Date	Cell Phone #	MESC Employer #
Federal ID Number (or reason for exemption)		Workers Compensation Insurance Carrier	

Type of Improvement, Description & Fees

Residential: _____ Commercial: _____
 Comm/Ind must use a licensed contractor

<table style="width:100%; border-collapse: collapse;"> <tr> <td>Project</td> <td>_____</td> <td>Project</td> <td>_____</td> </tr> <tr> <td>Stacks</td> <td>_____</td> <td>Sump</td> <td>_____</td> </tr> <tr> <td>Sinks</td> <td>_____</td> <td>Showers</td> <td>_____</td> </tr> <tr> <td>Baths</td> <td>_____</td> <td>Urinals</td> <td>_____</td> </tr> <tr> <td>Water Closet</td> <td>_____</td> <td>Catch Basin</td> <td>_____</td> </tr> <tr> <td>Lavatory</td> <td>_____</td> <td>Dishwasher</td> <td>_____</td> </tr> <tr> <td>Tank & Heater</td> <td>_____</td> <td>Humidifier</td> <td>_____</td> </tr> <tr> <td>Laundry Tray</td> <td>_____</td> <td>Garbage Grinder</td> <td>_____</td> </tr> <tr> <td>Water Dist System</td> <td>_____</td> <td>Special Waste</td> <td>_____</td> </tr> <tr> <td>Floor Drains</td> <td>_____</td> <td>Rainwater Leader</td> <td>_____</td> </tr> <tr> <td>Sewage Ejector</td> <td>_____</td> <td>Misc Fixtures</td> <td>_____</td> </tr> <tr> <td>Fountain (drinking)</td> <td>_____</td> <td>Other</td> <td>_____</td> </tr> </table>	Project	_____	Project	_____	Stacks	_____	Sump	_____	Sinks	_____	Showers	_____	Baths	_____	Urinals	_____	Water Closet	_____	Catch Basin	_____	Lavatory	_____	Dishwasher	_____	Tank & Heater	_____	Humidifier	_____	Laundry Tray	_____	Garbage Grinder	_____	Water Dist System	_____	Special Waste	_____	Floor Drains	_____	Rainwater Leader	_____	Sewage Ejector	_____	Misc Fixtures	_____	Fountain (drinking)	_____	Other	_____	
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Please check the one that applies

New ___ Addition ___ Repair ___ Alteration ___

Estimated Cost of Project _____

Fee Schedule : \$80.00 Per Inspection

(Note: unregistered or expired contractors—add \$10.00 and submit updated license and insurance)

Anticipated inspections needed _____

To obtain an inspection, please call: Thomas Trudeau 517-206-9005

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 2015 State Electrical code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Local Electrical Inspector and assume the responsibility to arrange for necessary inspections.

Contractor Signature: I hereby certify that the proposed work is authorized by the owner of record that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable laws of the 2012 State of Michigan Plumbing Code. All information submitted on this application is accurate to the best of my knowledge.

Sec 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 residential structure. Violators of Section 23a are subjected to civil fines.

 Name of Applicant - Please Print _____
 Date