

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Manistee Township

## RESIDENTIAL PLUMBING PERMIT

Permit # : \_\_\_\_\_

Manistee Township  
BUILDING DEPARTMENT410 Holden Street  
Manistee, MI 49660  
Ph. 231-723-6507  
Fax: 231-723-0696

Bldg. Dept 800-627-2801 Ext. 1

Job Location: \_\_\_\_\_  
 Power Co.: \_\_\_\_\_ Property Tax No.: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Phone No. : \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip : \_\_\_\_\_

## PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

## PROJECT FEE (Select one)

No.	Work Description	PROJECT FEE (Select one)
		SINGLE INSPECTION \$70.00
		ADDITION REMODEL (Up to Two inspections) \$140.00
		ADDITION REMODEL w/Underground (Up to Three inspections) \$210.00
		NEW RESIDENCE (Up to Three inspections) \$210.00
		NEW RESIDENCE w/UNDERGROUND (Up to Four inspections) \$280.00
		Application Fee \$30.00
		Project Fee \$ _____
		Total Permit Fee \$ _____
		Make checks payable to: Manistee Township
		Building Department Approval:
		By: _____
Contractor Name	Phone #	Fax #
Address	City	State Zip
Federal I.D. No./Special Security No.	MESC Employer No.	
Contractor License No. Expiration Date	Worker's Compensation Insurance Carrier	
Name of Master Plumber	Master License No.	
Master Plumber Business Address	City	State Zip
If exempt from any of the above, explain here:	E-mail	

\_\_\_\_\_ I am/will be the owner and occupant of the premises on which the described installation is proposed.

Section 23A of the state construction code act of 1972, MCL 125.1523A, 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 23 A are subjected to civil fines.

## HOME OWNER'S AFFIDAVIT and SIGNATURE

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## AGENT/CONTRACTOR'S AFFIDAVIT and SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Note: A minimum fee of \$100.00 Administrative plus \$70.00 for each performed Inspection is non-refundable.