

Manistee Township Building Department  
 410 Holden Street  
 Manistee, MI 49660-0696  
 Ph. (231) 723-6507 Fax. (231) 723-0696  
 Inspection Request 800-627-2801  
 Ext. 1

Date \_\_\_ / \_\_\_ / \_\_\_  
**Manistee Township**

**COMMERCIAL  
 PLUMBING PERMIT**

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

Job Location: \_\_\_\_\_ Parcel Number: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

COMMERCIAL			Description of Work Being Done:
	No.	ITEMIZATION	
Plan review, administration base fee and all required and final inspections	XXX	\$130.00	Total Permit Fee: \$ _____  Make Checks Payable To: <b>Manistee Township</b>  Building Department Approval:  By: _____
Fixtures, water connected appliances, floor drains special drains, mobile home unit site		\$ 5.00 each	
Stacks (soil, waste, vent, conductor)		\$ 3.00 each	
Sewers (sanitary, storm or combined)		\$ 5.00 each	
Water Service		\$10.00 each	
Connection building drain/building sewer		\$ 5.00 each	
Sub-soil drains		\$ 5.00 each	
Sewage ejectors, manholes, sumps		\$ 5.00 each	
Water distributing pipe system less than 1"		\$10.00 each	
Water distributing pipe system 1" or greater		\$20.00 each	
Reduced pressure zone backflow preventer		\$ 5.00 each	
Medical Gas System		\$45.00 each	
TOTAL: (Enter here and at right as COST OF PERMIT)			
Contractor Name		Phone ( )	
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. Expiration Date:	
Master Plumber Business Address		City State Zip	
If exempt from any of the above, explain here:		E-Mail:	
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 23A are subjected to civil fines.			

**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 \$130.00 Administrative plus \$70.00 for each performed inspection is non-refundable.