

Eaton County Department of Construction Codes

1045 Independence Boulevard, Charlotte, Michigan 48813
Telephone: (517) 543-3004 Fax: (517) 543-9924

"OUR GOAL IS TO PROVIDE A SAFER PLACE TO LIVE, WORK AND PLAY"

CONTRACTOR PLUMBING PERMIT APPLICATION

EFFECTIVE DATE 01-Jul-2011

Inspector use only

DATE OF APPLICATION: _____

PLUMBING PERMIT #: _____

THIS IS AN ADDENDUM TO AN OUTSTANDING PLUMBING PERMIT ISSUED TO ME.

AUTHORITY: P.A. 230 OF 1972, AS AMENDED
COMPLETION: MANDATORY TO OBTAIN A PERMIT
PENALTY: PERMIT WILL NOT BE ISSUED

EATON COUNTY WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, SEXUAL ORIENTATION, RELIGION, AGE, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY, OR POLITICAL BELIEFS.

Areas marked with a ✕ must be completed

IF THIS FORM IS NOT PROPERLY & COMPLETELY FILLED OUT IT WILL DELAY THE ISSUANCE OF THE PERMIT.

✕ A: OTHER PERMITS

HAS A BUILDING PERMIT BEEN ISSUED FOR THIS PROJECT?	BUILDING PERMIT #:
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> OTHER JURISDICTION	

✕ B: LOCATION OF JOB

NAME OF OWNER:	ADDRESS OF PROJECT / JOB SITE:
OWNER PHONE NUMBER WITH AREA CODE:	CITY, VILLAGE OR TOWNSHIP:

✕ C: CONTRACTOR INFORMATION

COMPANY NAME:	TELEPHONE NUMBER [WITH AREA CODE]:	[] Preferred
APPLICANT:	EMAIL ADDRESS:	[] Preferred
ADDRESS:	Cell	[] Preferred [] Text [] Call
CITY/STATE/ZIP:	FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION:	
WORKERS COMPENSATION INSURANCE CARRIER OR REASON FOR EXEMPTION:	MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION:	

✕ D: TYPE OF JOB

THIS WORK WILL BE PERFORMED ON: (PLEASE CHECK ALL THAT APPLY)	✕ DESCRIPTION OF WORK:
<input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> WATER SERVICE <input type="checkbox"/> SEWER SERVICE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> NEW HOME <input type="checkbox"/> MULTIPLE FAMILY <input type="checkbox"/> MANUFACTURED HOME <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL <input type="checkbox"/> REPLACEMENT EQUIPMENT	

✕ E: APPLICANTS SIGNATURE [PLEASE SIGN IN SPACE PROVIDED BELOW]

ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE MICHIGAN RESIDENTIAL CODE AND/OR THE MICHIGAN PLUMBING CODE, IT WILL NOT BE COVERED, ENCLOSED OR PUT INTO SERVICE UNTIL IT HAS BEEN INSPECTED AND APPROVED BY AN EATON COUNTY PLUMBING INSPECTOR. I WILL COOPERATE WITH THE EATON COUNTY PLUMBING INSPECTORS AND ASSUME ALL RESPONSIBILITY TO ARRANGE FOR AND OBTAIN ALL NECESSARY INSPECTIONS. SECTION 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 A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.

✕ SIGNED: _____

F: EXPIRATION OF PERMIT

A PERMIT REMAINS VALID ONLY AS LONG AS WORK IS PROGRESSING AND ALL REQUIRED INSPECTIONS ARE CONDUCTED. A PERMIT WILL BE VOIDED IF THE AUTHORIZED WORK HAS NOT BEEN STARTED WITHIN 6 (SIX) MONTHS FROM THE DATE OF ISSUANCE OF THE PERMIT OR IF THE AUTHORIZED WORK IS SUSPENDED OR ABANDONED FOR ANY REASON FOR A PERIOD OF 6 (SIX) MONTHS AFTER THE TIME THE WORK WAS STARTED. A PERMIT MAY BE CANCELED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 6 (SIX) MONTHS OF THE DATE THE PERMIT WAS ISSUED OR THE DATE OF THE PREVIOUS INSPECTION.

CANCELED PERMITS CANNOT BE REINSTATED



Dial: (517) 543-3004 (8 A.M. to 5 P.M.) to speak with our office staff or, (8 A.M. to 9 A.M.) to speak with an inspector.
 Dial: (517) 543-9924 (24 Hours a day) to send us information or schedule an inspection by fax.



G: PLAN REVIEW REQUIREMENTS

PLANS AND SPECIFICATIONS FOR NEW CONSTRUCTION WORK, ALTERATIONS, REPAIR, EXPANSION, ADDITION, OR MODIFICATION WORK SHALL BE PREPARED BY OR UNDER THE DIRECT SUPERVISION OF AN ARCHITECT OR ENGINEER LICENSED PURSUANT TO ACT # 299 OF THE PUBLIC ACTS OF 1980, AS AMENDED, AND SHALL BEAR THAT ARCHITECT'S OR ENGINEER'S SIGNATURE AND SEAL. **A PLAN REVIEW IS REQUIRED BEFORE A PERMIT CAN BE ISSUED.**

- EXEMPTION 1: ALTERATIONS AND REPAIR WORK THAT THE BUILDING AND PLUMBING OFFICIALS CONSIDER TO BE OF A MINOR NATURE.
- EXEMPTION 2: ONE AND TWO FAMILY DWELLINGS, WHEN THE BUILDING IS NOT OVER 3,500 SQUARE FEET OF BUILDING AREA.
- EXEMPTION 3: WORK COMPLETED BY A GOVERNMENTAL SUBDIVISION COSTING LESS THAN \$15,000.00.

H: FEE TABLE

TYPE OF WORK	COST	#	TOTAL
1. BASE FEE [INCLUDES ONE INSPECTION]	\$ 50.00	1	\$ 50.00
2. EACH BUILDING SEWER AND/OR BUILDING DRAIN			
LESS THAN 6 INCHES IN DIAMETER	\$ 24.00		
6 INCHES OR LARGER IN DIAMETER	\$ 48.00		
3. EACH SUB-SOIL DRAIN SYSTEM	\$ 12.00		
4. FOR EACH DRAIN OR TRAP NOT OTHERWISE LISTED	\$ 12.00		
5. EACH FIXTURE			
EQUIPMENT AND DEVICES	\$ 6.00		
APPLIANCES	\$ 6.00		
WATER HEATER UP TO 199,000 B.T.U.	\$ 18.00		
6. EACH SEWAGE EJECTOR AND/OR SUMP	\$ 12.00		
7. ONE VENT, PLUS EACH ADDITIONAL VENT THROUGH THE ROOF	\$ 12.00		
8. EACH WATER SERVICE			
1 INCH AND SMALLER	\$ 24.00		
OVER 1 INCH	\$ 60.00		
9. EACH WATER DISTRIBUTION PIPING SYSTEM			
1 INCH AND SMALLER	\$ 12.00		
LARGER THAN 1 INCH	\$ 30.00		

TYPE OF WORK	COST	#	TOTAL
10. EACH BACKFLOW PREVENTER 1 INCH AND SMALLER	\$ 12.00		
EACH BACKFLOW PREVENTER OVER 1 INCH	\$ 30.00		
11. EACH WATER SOFTENER UNIT	\$ 18.00		
12. EACH MOBILE HOME PARK DEVELOPMENT PHASE			
BASE FEE	\$240.00		
EACH MANHOLE	\$ 24.00		
EACH SEWER LEAD	\$ 12.00		
EACH HYDRANT AND/OR SEWER PIT	\$ 12.00		
EACH WATER SERVICE LINE	\$ 24.00		
13. EACH MEDICAL GAS AND/OR VACUUM SYSTEM			
BASE FEE	\$120.00		
EACH OUTLET	\$ 6.00		
14. EACH REPLACEMENT WATER HEATER UP TO 199,000 B.T.U.	\$ 18.00		
21. SPECIAL AND SAFETY INSPECTIONS	\$ 84.00		
22. RE-INSPECTIONS	\$ 60.00		
23. FINAL AND ADDITIONAL INSPECTIONS	\$ 48.00		
24. ARCHIVE FEE - OVERSIZED DRAWINGS	\$ 3.00/Pg		
TOTAL FEE TO BE PAID		\$	