Date / / / VILLAGE OF SCHOOLCRAFT	PLUMBING PERMIT			BUILDING DEPARTMENT 8721 Gull Road, Suite B Richland, MI 49083 269-629-0600 800-627-2801			
Job Location:					000-027-20	y I	
Owner:							
Address:				hone No. :			
City/State/Zip:							
			PPROP	RIATE SP	ACES BELOW:		
COMMERCI					RESIDENTIAL		
	No.	. 17	EMIZATI				
Plan review, administration base fee and all required and final inspections	XXX	K		\$80.00	SINGLE INSPECTION	\$40.00	
Fixtures, water connected appliances, floor			. 1	<u> </u>	ADDITION REMODEL	\$78.00	
drains, special drains, mobile home unit site		\$3.00	each		ADDITION REMODEL with UNDERGROUN	D \$95.00	
Stacks (Soil, waste, vent, conductor)		\$3.00	each		NEW RESIDENCE	\$95.00	
Sewers (sanitary, storm or combined)		\$5.00	each				
Water Service			_		FOR RESIDENTIAL P		
		\$5.00			Please indicate applicable equipment in the "No." column, and disregard commercial fee schedule.		
Connection building drain/building sewer		\$5.00 each					
Sub-soil drains		\$5.00	each				
Sewage ejectors, manholes, sumps		\$5.00 e			COST OF PERMIT: \$ Make checks payable to:		
Water distributing pipe system, less than 1"		\$10.00 each					
Water distributing pipe system, 1" or greater		\$20.00 each			VILLAGE OF SCHOOLCRAFT		
Reduced pressure zone backflow preventer		\$5.00 each			Building Department Approval: By:		
Medical Gas System		\$45.00 each					
TOTAL: (Enter here and at right a	as COST OF	PERMIT:)					
Contractor Name			Phone	()		
Address		City			State	Zip	
Federal I.D. No./Special Security No.		MESC Empl	oyer No.				
Contractor License No. Expiration Date			Worker's Compensation Insurance Carrier				
Name of Master Plumber			Master Lice	ense No.	Expiration Date		
Master Plumber Business Address			City		State	Zip	
If exempt from any of the above, explain here:							
l am/wi	Il be the owner	and occup	ant of the	premises or	which the described installat	ion is proposed	
Section 23A of the state construction code licensing requirements of the state relating Violators of Section 23 A are subjected to o	act of 1972, MC to persons wh	CL 125.1523	A, prohit	its a person	from conspiring to circumven	t the	
HOME OWNER'S AFFIDAVIT and S							
I hereby certify that the work described above shall be install approved by the inspector. I will cooperate with the inspector						en inspected and	
Signed:	fering Mahanille filts (caf	entrinitify to quic	- An In Hear	Date:	page or security IV.		
AGENT/CONTRACTOR'S AFFIDAV				- Jaw			

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:

MAINTENANCE PERMIT CHECKLIST – (Return with Application)

Project address/lo	ocation of proposed work:
Owner's Name:	
Contractor's Nan	ne:
	hay be issued, all of the following documentation must be submitted or justified as non-applicable. Please indicate by ach item has been enclosed with the application.
1.	LOT DIAGRAM on back of first page of application. Is the structure within the property boundaries? YES NO
2.	PROOF OF OWNERSHIP (Provide a copy of one of the following documents: tax statement, assessment notice, deed, title insurance commitment) RECORDED DEED OR RECORDED LAND CONTRACT WILL BE REQUIRED FOR ALL NEW HOME CONSTRUCTION WHETHER STICK BUILT OR PREMANUFACTURED. THE RECORDING DATE OF THIS DEED MUST BE PRIOR TO 4/1/97.
3.	PROPERTY TAX I.D. NUMBER
4.	DESCRIPTION OF MAINTENANCE WORK PROPOSED:
5.	OTHER PERMITS EVENTUALLY NECESSARY: Electrical Mechanical Plumbing
	The applicant or a licensed contractor must submit separate application forms for these permits prior to commencing work on that portion of the project.
	RESPONSIBILITIES OF APPLICANTS
structural work i	ponsibility of the applicant to call for all required inspections or before any electrical, plumbing, mechanical, or sconcealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any nical, plumbing or building permits.
Monday through system operates	PARTMENT (Associated Government Services, Inc.) <u>OFFICE HOURS</u> are 8:00 am to 12:00 and 1:30pm to 4:30pm, Friday. The <u>HOME OFFICE</u> may be contacted by <u>PHONE</u> at 269-629-0600 or 1-800-627-2801 (an answering 24 hours a day to obtain information, forms, and inspections); by <u>MAIL</u> at 8721 Gull Road, Suite B, Richland, MI, X at 269-629-0601.
Signed:	Date:

PLEASE CALL SHOULD YOU REQUIRE FURTHER ASSISTANCE IN COMPLETING APPLICATIONS.

C:\RICHLAND\FORMS\MASTERDOCUMENTS\\MAINTENANCE

3/14/08 CC