COMMERCIAL PLUMBING PERMIT

CHARTER TOWNSHIP OF LANSING
BUILDING DEPARTMENT
3209 W Michigan Ave.
Lansing, MI
800-627-2801

Date///	Permit # :		8 800-	Lansing, MI 00-627-2801 -627-2801 Ext.					
Job Location:	Property Tax No:								
Owner:	Phone Number:								
Address:	City/State/Zip:								
Owners Email:									
	sest roads)&								
	ITEMIZATION	N No.	,	1					
	Plan review, administration base fee and all required and final inspections	xxx.		\$150.00					
	Fixtures, water connected appliances, floor	+	\$5.00 each	+					
	drains, special drains, mobile home unit site								
COST OF PERMIT: \$	Stacks (Soil, waste, vent, conductor)		\$3.00 each	Τ					
	Sewers (sanitary, storm or combined)	\top _	\$5.00 each	<u> </u>					
Make checks payable to	Water Service	\top _	\$10.00 each	<u> </u>					
I	Connection building drain/building sewer	\top	\$5.00 each	 					
HARTER TOWNSHIP OF LANSING	Sub-soil drains		\$5.00 each	+					
I	Sewage ejectors, manholes, sumps	_	\$5.00 each	+					
- " - Ammount	Water distributing pipe system, less than "1		\$10.00 each	+					
Building Dept. Approval	Water distributing pipe system, 1" or greater	-	\$20.00 each	+					
Ву:	Reduced pressure zone backflow preventer	_	\$5.00 each	+					
·y·	Medical Gas System		\$45.00 each	1					
ept as listed below. Plans are not required One-and two-family dwelling containing not alterations and repair work determined by Buildings with a required plumbing fixture Work completed by a governmental subditions being performed as described above, one are required for all other building types a	t more than 3,500 square feet of building area. the plumbing official to be of a minor nature. count less than 12. vision or state agency costing less than \$15,000.00 . neck box "Plans Not Required." Plans Not and shall be prepared by or under the direct supervision shall bear that architect's or engineer's seal and signat	t Required	hitect or						

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Contractor Name:	Phone #			Fax#					
Address	Cit	Ty	-		State	Zip			
Federal I.D. No/Social Security No.		MES	MESC Employer No:						
Contractor License No. Exp. Date		Woi	Worker's Compensation Insurance Carrier						
Name of Master Plumber		Mas	ster License No.	se No. Exp. Date					
Master Plumber Business Address	Cit	у			State	Zip			
If exempt from any of the above, explain here:	:		mail: REQUIRED)						
Section 23A of the state construction of conspiring to circumvent the licensing work on a residential building or a resifines.	requireme	nts of the sta	te relating to pe	rsons who	are to perfo				
Expiration of Permit: A permit remain conducted. A permit shall become in issuance of the permit or if the authoutime of commencing the work. A PER AND CONDUCTED WITHIN 180 DAYS CLOSED PERMITS CANNOT BE REFUR	valid if th rized wor RMIT WIL OF THE D	e authorized k is suspend L BE CLOSED	I work is not co ed or abandone WHEN NO INS	ommenced ed for a pe SPECTION	l within 18 eriod of 180 S ARE REQ	0 days afte 0 days after UESTED	r the		
AGENT/CONTRACTOR'S AFFIDAV	IT and SIG	INATURE							
I herby certify that the proposed wor owner to make this application as his		•	wner of record a	and I have b	een author	ized by the			
Cian a d.			Data						