

SAFEbuilt, INC.  
 107 S. CAPITAL AVE., P.O. BOX 190, ATHENS, MI 49011  
 OFFICE: 269-729-9244 FAX: 269-729-9254  
 INSPECTION SCHEDULING: 877-721-9266  
 EMAIL: athensmi@safebuilt.com  
 WEBSITE: www.cornerstonemi.net  
 Authority: 1972 PA 230  
 Completion: Mandatory to obtain permit  
 Penalty: Permit cannot be issued

Permit # \_\_\_\_\_  
 Fee \_\_\_\_\_  
 Method of Payment \_\_\_\_\_  
 Receipt # \_\_\_\_\_

**MAKE CHECK PAYABLE TO THE MUNICIPALITY  
 IN WHICH YOUR PROJECT IS LOCATED**

## RESIDENTIAL PLUMBING PERMIT APPLICATION

|  |  |  |   |
|--|--|--|---|
| <b>I. Job Location</b>   |  |  |   |
| JOB Address  |  | Has a building permit been obtained for this project?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required                              |   |
| Name of Owner  |  | Name of City, Village or Township in which job is located:<br><input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township <b>OF:</b> | County                                      |
| Owner Telephone  |  |  |   |
| <b>II. Contractor/Homeowner Information</b>  |  |  |   |
| <input type="checkbox"/> Contractor <input type="checkbox"/> Owner   |  | Contractor License #   | Expiration Date                             |
| Address  |  | Master License #   | Expiration Date                             |
| City   | State  | Zip  | Email                                       |
| Telephone  | Work/Cell  |  | Fax   |
| Federal Employer ID # (or reason for exemption)  | Workers Comp Ins Carrier (or reason for exemption)             |  | MESC # (or reason for exemption)            |
| <b>III. Type of Job</b>  |  |  |   |
| Single Family <input type="checkbox"/> New   | <input type="checkbox"/> Premanuf. Home Setup (State Approved) |  | <input type="checkbox"/> Accessory Building |
| <input type="checkbox"/> Alteration  | <input type="checkbox"/> Special Inspection                    | <input type="checkbox"/> HUD Mobile Home Setup   | <input type="checkbox"/> Other              |
| <b>IV. Plan Review Required</b>  |  |  |   |
| See below for plan review requirements before completing this section.   |  |  |   |
| Have plans been submitted?    ____yes    ____no    ____not required  |  |  |   |
| Plans are required for all building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to Act No. 299 of the Public Acts of 1980, as amended, and shall bear that architect's or engineer's signature and seal, except:  |  |  |   |
| <ol style="list-style-type: none"> <li>1. One and two family dwelling containing not more than 3,500 square feet of building area</li> <li>2. Alterations and repair work determined by the plumbing official to be of a minor nature</li> <li>3. Buildings with a required plumbing fixture count less than 12</li> <li>4. Work completed by a governmental subdivision or state agency costing less than \$15,000</li> </ol>   |  |  |   |
| <b>V. Signature</b>  |  |  |   |
| <b>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 subjected to civil fines.</b>  |  |  |   |
| Signature of Contractor or Homeowner (Homeowner signature indicates compliance with Section VI, Homeowner Affidavit)   |  |  | Date  |
| <b>VI. Homeowner Affidavit:</b> I hereby certify the plumbing work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the Michigan Plumbing Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Plumbing Inspector. I will cooperate with the Plumbing Inspector and assume the responsibility to arrange for necessary inspections. |  |  |   |

## RESIDENTIAL PLUMBING PERMIT FEE & ITEMIZATION GRID

Permit fee is based upon the number of inspections required (\$75.00 per inspection)  
 Multiply Number of **Inspections** from Grid Below \_\_\_\_ x \$75.00/each = \_\_\_\_\_ (Total Permit Fee)  
**Make check payable to the municipality in which your project is located**

**PLEASE USE THE GRID BELOW TO ITEMIZE THE JOB - ITEMIZATION IS REQUIRED**

|   | QTY |  | QTY |
|---|-----|--|-----|
| <b>Mobile Home Park Connection</b>              |     | <b>Water Distributing Pipe (System)</b>                    |     |
| <b>Fixtures/Appliances</b>                      |     | 3/4" Water Distribution Pipe                               |     |
| Bathroom Lavatory (Sink)                        |     | 1" Water Distribution Pipe                                 |     |
| Bath Tub/Shower Combo                           |     | 1-1/4" Water Distribution Pipe                             |     |
| Shower  |     | 1 1/2" Water Distribution Pipe                             |     |
| Tub   |     | 2" + Water Distribution Pipe                               |     |
| Kitchen Sink                                    |     | <b>Sump Pump</b>   |     |
| Dishwasher                                      |     | <b>Water Service</b>                                       |     |
| Utility Sink                                    |     | Less than 2"   |     |
| Water Closet (Toilet)                           |     | 2" to 6"   |     |
| <b>Stack/Vent</b>                               |     | <b>MISC. (INDICATE BELOW ITEMS(S) BEING INSTALLED)</b>     |     |
| <b>Sewers (sanitary, storm or combined)</b>     |     |  |     |
| Less than 6"                                    |     | <b>INSPECTIONS (Add QTY column &amp; transfer # above)</b> |     |
| 6" and over                                     |     | UNDERGROUND  |     |
| <b>Subsoil Drain</b>                            |     | ROUGH-IN   |     |
| <b>Connection (Drain/Sewer)</b>                 |     | FINAL  |     |
| <b>Reduced pressure backflow preventer</b>      |     | ADDITIONAL INSPECTION                                      |     |
| <b>Domestic water treatment &amp; filtering</b> |     | SPECIAL/SAFETY INSPECTION                                  |     |
| <b>Water Heater Replacement</b>                 |     | OTHER - INDICATE HERE: _____                               |     |
| <b>Water Heater New</b>                         |     |  |     |

### **THIS APPLICATION IS FOR RESIDENTIAL PLUMBING PROJECTS**

**ISSUED PERMITS EXPIRE 180 DAYS FROM THE ISSUED DATE. NO REFUNDS WILL BE GIVEN FOR EXPIRED PERMITS. AN ADMINISTRATIVE FEE OF \$75.00 WILL BE RETAINED FOR CANCELED/TERMINATED PERMITS OR APPLICATIONS.**

**WORK THAT IS STARTED WITHOUT A PERMIT MAY BE SUBJECT TO A \$75.00 VIOLATION FEE IN ADDITION TO THE REQUIRED PERMIT FEE.**

**REINSPECTIONS OF DOCUMENTED CODE VIOLATIONS ARE SUBJECT TO A \$75.00 REINSPECTION FEE - PAYABLE PRIOR TO SCHEDULING THE REINSPECTION.**

**MAKE CHECK PAYABLE TO THE MUNICIPALITY IN WHICH YOUR PROJECT IS LOCATED**

**RETURNED CHECKS ARE SUBJECT TO FEES IN ACCORDANCE WITH THE APPROPRIATE MUNICIPALITY'S RETURNED CHECK POLICY.**