

SHERIDAN TOWNSHIP

13355 29 Mile Road

Albion Michigan

Telephone (517) 629-2604
Fax (517) 629-8945

APPLICATION FOR PLUMBING PERMIT

RESIDENTIAL

Payment must be made when Application is turned in.

Date: _____

Permit Number: _____

Email permit to: _____

Owner

Name: _____ Address: _____

City: _____ State: _____ Zip Code _____ Telephone Number: _____

Location of Building: _____

CONTRACTOR

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Builders License Number: _____ Expiration Date _____

MESC Employer Number _____ Federal Employer ID Number _____

Workers Comp Insurance Carrier _____

ARCHITECT OR ENGINEER

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

License Number: _____ Expiration Date _____

TYPE OF IMPROVEMENT

____ New Building ____ Alteration ____ Wrecking ____ Foundation Only ____ Relocation
____ Addition ____ Repair ____ Mobile Home Setup ____ Premanufacture

REVIEW(S) TO BE PERFORMED

____ Building ____ Plumbing ____ Mechanical ____ Electrical ____ Energy

WRECKING- LIST TYPE OF BUILDING AND REASON:

CHARACTERICS OF BUILDING

Dimensions: _____ Number of Stories: _____

Floor Area: 1st & 2nd _____ 3rd & above _____ Total: _____

Type of Frame:

____ Masonry wall ____ Wood Frame ____ Structural Steel ____ Reinforced Concrete ____ Other
bearing

Type Of Heating Fuel: ____ Gas ____ Oil ____ Electricity ____ Coal ____ Other

Type Of Sewage Disposal: _____ Public or Private Company ____ Septic System

Type of Water supply: ____ Public or Private Company ____ Private Well

Type of Mechanical: ____ Air Conditioning ____ Yes ____ No

APPLICANT: Contractor

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Signature of Contractor: _____ Date: _____

Signature of Owner: _____ Date: _____

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PLUMBING FEE SCHEDULE

Schedule C

APPLICATION FEE	(REQUIRED FOR ALL PERMITS)	\$10.00
NEW RESIDENCE	(3 INSPECTIONS)	\$195.00
MANUFACTURED HOMES		\$65.00
ADDITION/REMODEL		\$130.00
REPLACE FURNACE/DUCTS/WATER HEATER		\$65.00
CENTRAL AIR CONDITON		\$65.00
ABOVE GROUND TANK		\$65.00
SINGLE INSPECTION FEE		\$65.00

THE ABOVE ARE BASE FEES IF INSPECTOR HAS TO RETURN FOR ADDITIONAL INSPECTIONS THERE WILL BE AN ADDITIONAL \$65.00 FEE FOR EACH ADDITIONAL INSPECTION.

Plumbing work shall not start until the application has been approved and necessary permits issued. If work is started prior to obtaining the proper permits, add an additional \$100 to permit. All installations shall be in conformance with the Plumbing Code. No work shall be concealed until it has been inspected.

When ready for an inspection call the Plumbing Inspector to set up a time to fit Your schedule and There Schedule. Provide as much advance notice as possible.

YOU MUST PROVIDE THE ADDRESS AND PERMIT NUMBER WHEN YOU CALL.

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work.

A PERMIT WILL BE CANCELED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELED PERMITS CANNOT BE REFUNDED OR REINSTATED.

ALL FEES ARE PAYABLE TO THE TOWNSHIP TREASURER AT TIME APPLICATION IS FILED.

Effective: November 19, 2019