



**APPLICATION FOR
PLUMBING PERMIT**

CITY OF WALKER - INSPECTIONS
4243 REMEMBRANCE RD NW - WALKER MI 49534
Phone# (616)791-6858 Fax # (616) 791-6881

Building Permit #
Permit#/Inv#
Application date/receipt#
Inspector Signature

I JOBSITE INFORMATION PLEASE PRINT OR TYPE

Street Address _____ Lot: CITY _____ USE(CHECK ONE)
 WALKER _____ Residential _____ Commercial _____

Homeowner or Business Name where the work is being performed _____ Resident/Business Phone _____

Jobsite Contact Person _____ Jobsite Contact Phon Scope(check one)
 _____ NEW _____ REMODEL _____ REPAIR _____ REPLACE

II. INSTALLER/CONTRACTOR INFORMATION INSTALLER IS CHECK ONE CONTRACTOR _____ HOMEOWNER("HOMEOWNER AFFIDAVIT")

Name _____ Phone # _____ STATE/LOCAL CONTRACTOR REGISTRATION NO. _____ EXPIRATION DATE _____

Address (Street#/Name/Direction) _____ MESC Employer ID (or exemption) _____

City _____ State _____ Zip _____ Federal Employer ID (or exemption) _____

E-mail _____ Driver's License No. _____ Workers Compensation Insurance Carrier (or exemption) _____

FEE CHART

	FEE	#ITEMS	TOTAL		FEE	#ITEMS	TOTAL
1	Application Fee (Non-refundable)	\$50.00		20	Sink, 3 compartment pot and pan	\$7.00	
2	Rough-in and final inspection(\$25.00 each)	\$25.00		21	Sink, Kitchen	\$7.00	
3	Underground	\$25.00		22	Sink, (other than kitchen)	\$7.00	

I. SCHEDULE OF PLUMBING EQUIPMENT

1	Backflow Preventer	\$7.00		23	Sink, slop/service	\$7.00	
2	Backwater Valve	\$7.00		24	Stacks, soil, waste, vent, re-vent	\$7.00	
3	BathTub/shower	\$7.00		25	Sub Soil Drains	\$7.00	
4	Bidet	\$7.00		26	Sumps(roof)	\$7.00	
5	Catch Basin, Sump, Roof Drain	\$7.00		27	Urinal	\$7.00	
6	Dishwasher	\$7.00		28	Water Closet	\$7.00	
7	Drinking Fountain	\$7.00		29	Water heater	\$10.00	

II WATER DISTRIBUTION PIPE SYTEM INTERIOR

8	Eye Washer/emergency shower	\$7.00		1	3/4" Water distribution	\$10.00	
9	Floor Drain/Hub drain	\$7.00		2	1" through 1-1/4"	\$15.00	
10	Garbage disposal	\$7.00		3	1-1/2" through 2"	\$20.00	
11	Grease Trap, Oil separator	\$10.00		4	Other water connection devices not listed	\$20.00	
12	Ice maker/instant hot	\$7.00		5	Over 2"	\$25.00	

III MEDICAL GAS - LICENSE REQUIRED

13	Laundry Tray/Stand Pipe	\$7.00		1	Medical Gas Piping (per outlet)	\$5.00	
14	Lavatory	\$7.00		2	Medical Gas Systems	\$50.00	

IV. MOBILE HOME

15	Oil Interceptor/sand trap	\$10.00		1	Mobile home unit site hook-ups	\$50.00	
16	Refrigerator, Ice Machine, Water Connected Appliance	\$7.00					

V. ADDITIONAL FEES

17	Sewage Ejector/sumps	\$7.00			Re-inspicion non-code compliance	\$40.00	
18	Shower trap	\$7.00			Special/Safety	\$50.00	
19	Sink floor	\$7.00		VI.	TOTAL		

					15% PLAN REVIEW FEE FOR ALL COMMERCIAL AND INDUSTRIAL PROJECTS		
					TOTAL AMOUNT DUE		

VII. APPLICATION SIGNATURE(Homeowner signature indicates compliance with seciton VI below)

Section 23a of the State Construction Codes Acts 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 residential building or residential structure. Violators of Section 23a are subject o civil fines.

License or Homeowner Name (please print) _____ Licensee or Homeowner Signature _____ Date _____

VI HOMEOWNER AFFIDAVIT

I HEREBY CERTIFY THE PLUMBING WORK DECRIBED 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 M.P.C. PLUMBING CODE AND SHALL NOT BE ENCLOSED, COVERED UP, OR PUT INTO OPERATION UNTIL IT HAS BEEN INSPECTED AND APPROVED BY THE CITY PLUMBING INSPECTOR. I WILL COOPERATE WITH THE CITY PLUMBING INSPECTOR AND ASSUME THE RESPONSIBILITY TO ARRANGE FOR NECESSARY INSPECTIONS