WEXFORD COUNTY PLUMBING DEPT. 401 N. Lake Street			DATE OF AP	DATE OF APPLICATION:		Do Not Write In This Space.			
	Cadillac Michiga Phone (231) 77		DATE READ	Y:	PERMIT NUME	BER:			
					1	Per Unit	No.	Fee	
APPLICATION AND PLUMBING PERMIT			APPLICATIO	APPLICATION FEE (non-refundable)			1	40.00	
TYPE OF JOB:			Mobile Home	Mobile Home Unit Site		5.00 each			
COMMERCIAL: NEW - REMODEL - RESIDENTIAL: NEW - REMODEL - MOBILE HOME - MOBILE HOME - REMODEL - R			Fixtures, floor	Fixtures, floor drains, special drains, water connected appliances		es 5.00 each			
			Stacks (soil, v	Stacks (soil, waste, vent and conductor)		3.00 each			
			Sewage Ejec	Sewage Ejectors, sumps		5.00 each			
THIS APPLICATION IS FOR: (print name of owner or agent)			Sub-soil Drai	Sub-soil Drains		5.00 each			
	(р	onno. o. ago,	Water Service	e: Less than 2"		5.00			
				2" to 6"		25.00			
Street Address & Job Location:				Over 6"		50.00	\longrightarrow		
			Connection (I	bldg. drain – bldg. sewers)		5.00	\longrightarrow		
			Sewers (sani	tary, storm, or combined):			\rightarrow		
City: Township: Section:				Less than 6"		25.00	\rightarrow		
				Over 6"		50.00	\rightarrow		
				Manholes, Catch Basins		5.00 each	\perp		
				Water Distributing Pipe (system)			\longrightarrow		
Plumbing Firm:				3/4 " Water Distribution Pipe		5.00	\longrightarrow		
				1" Water Distribution Pipe		10.00	\rightarrow		
Print Name:				1 1/4 " Water Distribution Pipe		15.00	\rightarrow		
				1 ½ " Water Distribution Pipe		20.00	\rightarrow		
				2" Water Distribution Pipe Over 2" Water Distribution Pipe		25.00			
			Bodygod pro	ssure zone back-flow preventer	ipe	30.00 5.00 each	\rightarrow		
City:			Reduced pres	Soure Zone back-now preventer		5.00 each	\rightarrow		
State:			Special/Safety Inspection. (includes cert. fee)		45.00				
			Additional Ins	Additional Inspection		40.00			
Date of Birth:			Final Inspecti	Final Inspection		40.00			
HOMEOWNERS AFF	ID AVIT		Certification F	Certification Fee					
installed by myself in to occupy. All work shall be insta enclosed, covered up approved by the Plum	my own single family dv lled in accordance with , or put into operation unibing Inspector. ne Plumbing Inspector a r inspections.	on this permit application sh velling in which I am living or the Plumbing Code and sha ntil it has been inspected and nd assume the responsibility	all be about Il not be d	s payable to : Wexford County	. . .	tment TOTAL			
COMPLETION: Installation Shall Not Be Started Until				A plan review may be required before work is started, on any build amily dwelling less than 3,500 square feet. Have plans been sometimes YES					
The following	information is r	equired by Act 13		989 for all permit appl	ications	FINA			
for work on residential buildings or structures. LICENSE NO. EXPIRATION DATE						INISDECT	INSPECTION		
FEDERAL EMPLOYER ID NUMBER OR				ATION DAIL		INSPEC		•	
REASON FOR EXEMPTION						MUST BE CALLED			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION						FOR IN O	RDF	R	
• · · · · · · · · · · · · · · · · · · ·									

VALIDATION AREA - OFFICE USE ONLY

APPLICATION DATE

Section 23e of the State Consruction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125; 1523a of the Michigan Compiled Laws, 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 23e are subject to civil fines.

FOR THIS PERMIT

TO BE VALID

MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION

APPLICANT SIGNATURE