

Date of Application: _____ Permit Number: _____ Property I.D. #: _____	PLUMBING PERMIT APPLICATION CITY OF PORT HURON Planning Department - Inspection Division 100 McMorran Boulevard Port Huron, MI 48060 Phone: (810) 984-9733 • Fax: (810) 984-5384	AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT CAN NOT BE ISSUED
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I. JOB LOCATION

Name of Owner/Agent	Has a building permit been obtained for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required
Street Address (Job Location)	City, State, Zip Telephone: ()

II. CONTRACTOR/HOMEOWNER INFORMATION

Indicate Who The Applicant Is: Contractor Homeowner Master Water Treatment Installer	Name of Plumbing Contractor or Homeowner	Contractor License #	Expiration Date
Address (Street No. and Name)	City	State	Zip Code
Telephone Number ()	Federal Employer ID Number (or reason for exemption)		
Workers Compensation Insurance Carrier (or reason for exemption)	MESC Employer Number (or reason for exemption)		
Name of Master Plumber	Master License #	Expiration Date	
Business/Branch Address	City	State	Zip

III. TYPE OF JOB

<input type="checkbox"/> Single-Family	<input type="checkbox"/> New	<input type="checkbox"/> Sewer Only	<input type="checkbox"/> Water	<input type="checkbox"/> Premanufactured Home Setup (State Approved)	<input type="checkbox"/> State Owned
<input type="checkbox"/> Other	<input type="checkbox"/> Alteration	<input type="checkbox"/> Special Inspection	<input type="checkbox"/> Service Only	<input type="checkbox"/> Manufactured Home Setup (HUD Mobile Home)	<input type="checkbox"/> School

IV. PLAN REVIEW REQUIRED

Plans must be submitted with an Application for Plan Examination and the appropriate deposit before a permit can be issued, except as listed below:

Plans are not required for the following:

- One – and two-family dwelling containing not more than 3,500 square feet of building area.
- Alterations and repair work determined by the plumbing official to be of a minor nature.
- Buildings with a required plumbing fixture count of less than 12.
- Work completed by a governmental subdivision or state agency costing less than \$15,000.00

If work being performed is described above, check box below **“Plans Not Required.”**

Plans are required for all other building types and shall be prepared by or under the direction of an architect or engineer licensed pursuant to P.A. 299 of 1980 and shall bear that architect’s or engineer’s seal and signature.

Plan Review Submission No. _____ **Plans Not Required**

V. APPLICANT SIGNATURE (*Signature of Plumbing Contractor, Master Plumber, Water Treatment Installer, or Homeowner (Homeowner signature indicates compliance with Section VI. Homeowner Affidavit)*)

Section 23a of the State Construction Code, Act 230 of 1972, as amended, 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 structure. Violators of Section 23a are subject to civil fines.

Print Name and Sign Here:	Date
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VI. HOMEOWNER AFFIDAVIT

I hereby certify the plumbing work 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 State 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.

Complete Application on Back Side

VIIa. Fee Clarification

Item #2, Mobile Home Site: WHEN item is used for sewer excavation in a new park, the permit application should include the application fee plus the number of unit sites. WHEN setting a mobile home in a park, or a mobile or **modular** home on private property, a permit should include the application fee, a sewer or building drain, and a water service or water distribution pipe.

VIIIb. Fee Clarification (Continued)

Item #3, Fixtures, Floor Drains, Special Drains, and Water Connected Appliances Include:

<input type="checkbox"/> Water Closets	<input type="checkbox"/> Sink (any description)	<input type="checkbox"/> Stop Sink	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Water Outlet/ Connection to any Make-up Water Tank
<input type="checkbox"/> Bathtub	<input type="checkbox"/> Emergency Eye Wash	<input type="checkbox"/> Bidet	<input type="checkbox"/> Condensate Drain	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Water Outlet or Connection to Heating System
<input type="checkbox"/> Lavatories	<input type="checkbox"/> Emergency Shower	<input type="checkbox"/> Cuspidor	<input type="checkbox"/> Washing Machine	<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Water Outlet or Connection to Filters
<input type="checkbox"/> Shower Stall	<input type="checkbox"/> Garbage Grinder	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Aside Waste Drain	<input type="checkbox"/> Starch Trap	<input type="checkbox"/> Connection to Sprinkler system (irrigation)
<input type="checkbox"/> Laundry Tray	<input type="checkbox"/> Water Outlet Cooler	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Embalming Table	<input type="checkbox"/> Plaster Trap	<input type="checkbox"/> Water Connected Sterilizer
<input type="checkbox"/> Urinal	<input type="checkbox"/> Ice Making Machine	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Bed Pan Washer	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Water Connected Dental Chair
<input type="checkbox"/> Autopsy	<input type="checkbox"/> Water Connected Still			<input type="checkbox"/> Water Connection to carbonated Beverage Dispensers	

Plus Any Other Fixture, Drain, or Water Connected Appliance Not Specifically Listed

Item #21, Domestic Water Treatment and Filtering Equipment: A license is not required for the installation of domestic water treatment and filtering equipment that requires modification to any existing cold water distribution supply and associated water piping in buildings if a permit is secured, required inspections performed, and the installation complies with the applicable code. If the enforcing agency determines a violation exists, it shall be corrected by the responsible Installer. The permit application shall include the application fee, the number of water treatment devices recorded in #21, (see Item 3) for \$5.00 each, and the appropriate water distribution pipe (system) size fee.

Item #23: Medical Gas Systems shall include the application fee, one Medical Gas System Inspection, and the estimated number of additional inspections in #24.

VIII. FEE CHART (Enter the number of units being installed and multiply by the unit price for total fee)

ITEM	FEE	#	TOTAL
1. Application Fee (<i>non-refundable</i>)	\$ 50.00	1	\$ 50.00
2. Mobile Home Park Site* EACH	10.00		
3. Fixtures, floor drains, special drains, water connected appliances EACH	10.00		
4. Stacks (soil, waste, vent and conductor) EACH	5.00		
5. Sewage ejectors, sumps EACH	10.00		
6. Sub-soil drains EACH	10.00		
WATER SERVICE:			
<input type="checkbox"/> 7. Less than 2"	10.00		
<input type="checkbox"/> 8. 2" to 6"	30.00		
<input type="checkbox"/> 9. Over 6"	55.00		
10. Connection – Building Drain – Building Sewers	10.00		
SEWERS (Sanitary, Storm, or Combined):			
<input type="checkbox"/> 11. Less than 6"	10.00		
<input type="checkbox"/> 12. 6" and over	30.00		
13. Manholes, catch basin – EACH	\$ 10.00		

* See VIIa. Fee Clarification, Item #2, on front
 ** See VIIb. Fee Clarification, Item #21, above
 *** See VIIb. Fee Clarification, Item #23, above

ITEM	FEE	#	TOTAL
WATER DISTRIBUTING PIPE (System):			
<input type="checkbox"/> 14. ¾" Water Distribution Pipe	10.00		
<input type="checkbox"/> 15. 1" Water Distribution Pipe	15.00		
<input type="checkbox"/> 16. 1-1/4" Water Distribution Pipe	20.00		
<input type="checkbox"/> 17. 1-1/2" Water Distribution Pipe	25.00		
<input type="checkbox"/> 18. 2" Water Distribution Pipe	30.00		
<input type="checkbox"/> 19. Over 2" Water Distribution Pipe	35.00		
20. Reduce pressure zone back-flow preventor EACH	10.00		
21. Domestic water treatment and filtering equipment only** EACH	5.00		
INSPECTIONS:			
<input type="checkbox"/> 22. Special/Safety Inspection (Includes certification fee)	55.00		
<input type="checkbox"/> 23. Medical Gas System***	55.00		
<input type="checkbox"/> 24. Rough/Additional Inspections	50.00		
<input type="checkbox"/> 25. Underground Plumbing	50.00		
<input type="checkbox"/> 26. Final Inspection	50.00	1	\$50.00
27. Certification Fee	50.00		
28. Registration Fee	25.00		
29. Plan Review (per hour)	60.00		

Make Checks Payable to "City of Port Huron"
TOTAL FEES DUE

VIII. INSTRUCTIONS FOR COMPLETING APPLICATION

GENERAL: Plumbing work shall not be started until the application for permit has been filed with the City of Port Huron. All installations shall be in conformance with the State Plumbing Code. **No work shall be concealed until it has been inspected.** The telephone number for the inspector is provided on the front of this form. When ready for an inspection, call the inspector providing as much advance notice as possible. The inspector will need the job location and permit number.

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 (6) months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six (6) 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.**

The City of Port Huron will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

WHEN PROPERLY VALIDATED (IN SPACE BELOW) THIS IS YOUR PERMIT

APPROVED TO ISSUE BY: _____
 RECEIPT NO. _____ DATE ISSUED _____

CASH CHECK #: _____