

Building Department  
 175 E. Adams Street., Ionia, MI 48846  
 Hours: Monday thru Friday 8:00am-5:00pm  
 616.527.5374 Fax 616.527.0863  
 (Code Questions 616.527.5374)  
 (Inspection Request Line 616.527.5367)

Internal Project No. \_\_\_\_\_

## PLUMBING PERMIT

(effective 09/15/2007)

Permit #: \_\_\_\_\_

Job Location: \_\_\_\_\_

Parcel Number: 34-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

<b>COMMERCIAL</b>			
	No.	ITEMIZATION	
Plan review, administration base fee and all required and final inspections	XXX		\$125.00
Fixtures, water connected appliances, floor drains special drains, mobile home unit site		\$ 6.25 each	
Stacks (soil, waste, vent, conductor)		\$ 3.75 each	
Sewers (sanitary, storm or combined)		\$ 6.25 each	
Water Service		\$12.50 each	
Connection building drain/building sewer		\$ 6.25 each	
Sub-soil drains		\$ 6.25 each	
Sewage ejectors, manholes, sumps		\$ 6.25 each	
Water distributing pipe system less than 1"		\$12.50 each	
Water distributing pipe system 1" or greater		\$25.00 each	
Reduced pressure zone backflow preventer		\$ 6.25 each	
Medical Gas System		\$56.25 each	
<b>TOTAL: (Enter here and at right as COST OF PERMIT)</b>			
Contractor Name		Phone ( )	
Address		City	State Zip
Federal I.D. No./Special Security No.		MESC Employer No.	
Contractor License No.	Expiration Date	Worker's Compensation Insurance Carrier	
Name of Master Plumber		Master License No.	
Master Plumber Business Address		City	State Zip
If exempt from any of the above, explain here:			
Section 23A of the state construction code act of 1972, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of the 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.			

COST OF PERMIT: \$ \_\_\_\_\_

Make checks payable to:  
**IONIA COUNTY**

Building Department Approval:

By: \_\_\_\_\_

**AGENT/CONTRACTOR'S AFFIDAVIT and SIGNATURE**

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_