

PLUMBING PERMIT

CITY OF BELDING 12/11

120 South Pleasant St. Belding, MI 48809

For questions or to schedule an inspection, call
JEFF BIEGALLE @ 616-890-0689

PERMIT NO. _____ BLDG. PERMIT NO. _____

DATE: _____

Job Location _____

Type of Job:

Commercial: New Remodel

Residential: New Remodel

City _____ State _____ Zip _____

Plan Review Needed: Yes No

Owner / Contact Person Name _____

Phone No. _____

PLUMBING FEES	Per Unit	Number	\$ Fee
Permit Base Fee (includes one inspection)	40.00	1	40.00
Fixtures each	3.00		
Stacks, vents and roof conductors	2.00		
Sewers each	5.00		
Subsoil drains each	5.00		
Water services each	5.00		
Utility holes, catch basins, each	5.00		
Sewage sumps, sewage ejectors, each	5.00		
Mobile home site (service & sewer also required)	5.00		
Water distributing pipe (system)			
Up to one inch	5.00		
Over one inch	15.00		
Reduced pressure zone backflow preventer- commercial only	4.00		
Irrigation Pressure Vacuum Breaker	4.00		
Water connected appliances, equipment and devices, each	3.00		
All drains and traps, each	2.00		
Inspections, hourly rate	40.00		
Underground Inspection	40.00		
Reinspection	40.00		
Final Inspection	40.00		
TOTAL FEES			

MAKE CHECKS PAYABLE TO THE CITY OF BELDING

CONTRACTOR SIGNATURE _____		LICENSE NO. _____	
COMPANY NAME _____		PHONE NO. _____	
ADDRESS _____		FAX NO. _____	
CITY _____	STATE MI _____	ZIP _____	

HOMEOWNERS AFFIDAVIT

I hereby certify the Plumbing work described on this permit application shall be installed by myself in my own single family dwelling in which I am living or about to occupy. All work shall be installed in accordance with the local 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.

HOMEOWNERS SIGNATURE _____

"REMEMBER BEFORE YOU DIG, CALL MISS DIG AT 1-800-482-7171"

Office use only: Date Received: _____	Received By: _____	Receipt # _____
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