**DATE: \_\_\_/\_\_\_/\_\_\_\_ PERMIT# P-\_­­\_\_\_-\_\_\_**

**PLUMBING PERMIT APPLICATION**

Authority: 1972 PA Completion: Mandatory to obtain permit. Penalty: Permit cannot be issued.

ACT 135, PUBLIC ACTS OF 1989, REQUIRES THE FOLLOWING INFORMATION

Wales Township 1372 Wales Center Rd, Wales, MI 48027

ACT 135, PUBLIC ACTS OF 1989, REQUIRES THE FOLLOWING INFORMATION

[wales@walestownship.org](mailto:wales@walestownship.org)

Phone: (810) 325-1517

Fax: (810) 325-9009

ACT 135, PUBLIC ACTS OF 1989, REQUIRES THE FOLLOWING INFORMATION FOR ALL APPLICATIONSFOR WORK ON RESIDENTIAL STRUCTURES

**Plumbing Inspector Tim Kelly (810) 392-2582**

SINGLE FAMILY NEW SEWER ONLY ALTERATIONS PREMANUF. HOME SETUP (STATE APPROVED)

MANUF. HOME SETUP (HUD MOBILE HOME) STATE OWNED SCHOOL WATER ONLY

SPECIAL INSPECTION HAS A BUILDING PERMIT BEEN OBTAINED FOR THIS PROJECT? YES NO

OWNERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTALLATION ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WALES, ST. CLAIR COUNTY

APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTRACTOR LICENSE #:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**EXP. DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MASTER LICENSE #:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**EXP. DATE**: \_\_\_\_\_\_\_\_\_\_**STATE LICENSE #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**EXP. DATE:** \_\_\_\_\_\_\_\_

-FEDERAL EMPLOYER ID NUMBER/EXEMPTION REASON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-WORKERS COMP INS. CARRIER/EXEMPTION REASON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-M.E.S.C. EMPLOYER NUMBER/EXEMPTION REASON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

--Section 23a of the State Construction Codes Act of 1972, 1972 PA Act 230, MCL 125. 1523A prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who perform work on a residential structure. Violators of Section 23a are subjected to civil fines.

**SIGNATURE OF APPLICANT/CONTRACTOR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOMEOWNER AFFIDAVIT:**

I hereby certify the plumbing work described 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 Codes and shall not be enclosed, covered

up or put into operation until it has been inspected and approved by the Wales Township Plumbing Inspector. I will cooperate with the Wales Township Plumbing Inspector and assume the responsibility to arrange for the necessary inspections.

**SIGNATURE OF APPLICANT/HOMEOWNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLAN REVIEW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PLAN REVIEW NOT REQUIRED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PLANS ARE NOT REQUIRED FOR THE FOLLOWING:**

1. One and two-family dwelling containing not more than 3,500 square feet of building area.

2. Alterations and repair work determined by the plumbing official to be of a minor nature.

3. Assembly, business, mercantile, and storage buildings with a required plumbing fixture count less than 12.

4. Work being completed by the governmental subdivision or a state agency costing less than $15,000.00.

**IF WORK BEING PERFORMED IS DESCRIBED ABOVE, CHECK “PLAN REVIEW NOT REQUIRED.”**

Plans are required for all other building types and shall be prepared under the direct supervision of an architect or engineer licensed pursuant to PA 299 and shall bear that architect’s or engineer’s seal and signature. **PLANS MUST BE SUBMITTED BEFORE A PERMIT CAN BE ISSUED**

Wales Township 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.

**INSTRUCTIONS:** No plumbing work shall be started until the application for permit has been filed. All installations shall be in conformance with the Michigan Plumbing Code. No work shall be concealed until it has been inspected. **PLEASE PHONE TIM KELLY AT (810)392-2582, WITH THE JOB LOCATION AND PERMIT NUMBER, IN ORDER TO SCHEDULE YOUR INSPECTIONS.**

**INSPECTORS REVIEW: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK TO BE PERFORMED – DESCRIBE:**

**Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Denied:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**