

Date ____ / ____ / ____

Bath Charter Township

PLUMBING PERMIT

Permit # : _____

Bath Charter Township
 BUILDING & ZONING DEPARTMENT
 14480 Webster Road P. O. BOX 247
 Bath, MI 48808
 Ph: 517-641-4238 Fax: 517-641-4170
 buildingdept@bathtownship.us
 www.bathtownship.us

Please include check with form

Job Location: _____ Property Tax No.: _____
 Power Co.: _____ Notification No. : _____
 Owner: _____ Phone No. : _____
 Address: _____ City/State/Zip : _____

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

COMMERCIAL			RESIDENTIAL	
	No.	ITEMIZATION		
Administration base fee and all required and final inspections	XXX	\$140.00	SINGLE INSPECTION	\$98.00
Plan Review		\$98.00 hourly	ADDITION REMODEL (Two inspections)	\$196.00
Fixtures, water connected appliances, floor drains, special drains, mobile home unit site		\$7.00 each	ADDITION REMODEL w/Underground (Three inspections)	\$294.00
Stacks (Soil, waste, vent, conductor)		\$4.20 each	NEW RESIDENCE (Three inspections)	\$294.00
Sewers (sanitary, storm or combined)		\$7.00 each	FOR RESIDENTIAL PERMITS: Please indicate applicable equipment in the "No." column, and disregard commercial fee schedule. COST OF PERMIT: \$ _____ Make checks payable to: Bath Charter Township Building Department Approval: By: _____ 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 23 A are subjected to civil fines.	
Water Service		\$14.00 each		
Connection building drain/building sewer		\$7.00 each		
Sub-soil drains		\$7.00 each		
Sewage ejectors, manholes, sumps		\$7.00 each		
Water distributing pipe system, less than 1"		\$14.00 each		
Water distributing pipe system, 1" or greater		\$28.00 each		
Reduced pressure zone backflow preventer		\$7.00 each		
Medical Gas System		\$63.00 each		
TOTAL: (Enter here and at right as COST OF PERMIT:)				
Contractor Name		Phone #	Fax #	
Address		City	State	Zip
Federal I.D. No./Special Security No.		MESC Employer No.		
License No.	Expiration Date	Worker's Compensation Insurance Carrier		
If exempt from any of the above, explain here:		E-mail:		
_____ I am/will be the owner and occupant of the premises on which the described installation is proposed.				

HOME OWNER'S AFFIDAVIT and SIGNATURE

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: _____ Date: _____

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: _____

Print Name: _____

Website Form