



CITY OF WESTLAND
DEPARTMENT OF BUILDING

Permit No. _____

37095 Marquette Westland, Michigan 48185 (734) 467-3210 FAX 467-3224

APPLICATION FOR PLUMBING PERMIT
"MUST BE FILLED OUT IN INK"

Date: _____ Location: _____

Lot No. _____ Company Name: _____ Phone: _____

Property Owner: _____ Phone: _____

Applicant's Signature _____

COMMERCIAL RESIDENTIAL NEW CONSTRUCTION ADDITION ALTERATION

_____ @ \$50.00 \$ _____	BACK FLOW PREVENTER	WATER SERVICE
_____ @ \$35.00 \$ _____	C. to I.	1" _____ \$30.00
_____ @ \$10.00 \$ _____	DISHWASHER	2" _____ \$40.00
_____ @ \$10.00 \$ _____	DRINKING FOUNTAINS	3" _____ \$50.00
_____ @ \$10.00 \$ _____	FIXTURES	4" _____ \$53.00
_____ @ \$10.00 \$ _____	FLOOR DRAINS	over 4" _____ \$60.00
_____ @ \$10.00 \$ _____	FOOD WASTE GRINDER	WATER DISTRIBUTION
_____ @ \$10.00 \$ _____	HOSE BIBBS	3/4" _____ \$25.00
_____ @ \$40.00 \$ _____	HOT WATER HEATER	1" _____ \$30.00
_____ @ \$10.00 \$ _____	HUMIDIFIERS	2" _____ \$40.00
_____ @ \$10.00 \$ _____	LAVATORIES	3" _____ \$50.00
_____ @ \$10.00 \$ _____	PUMPS / FIRE JOCKEY	4" _____ \$55.00
_____ @ \$10.00 \$ _____	SHOWER TRAPS	Amount \$ _____
_____ @ \$10.00 \$ _____	BATH TUBS	
_____ @ \$10.00 \$ _____	SINKS (ANY)	
_____ @ \$ 1.00 \$ _____	SPRINKLER HEADS (LAWN ONLY)	
_____ @ \$10.00 \$ _____	STACKS / VENTS	
_____ @ \$10.00 \$ _____	URINALS	
_____ @ \$10.00 \$ _____	WATER CLOSETS	
_____ @ _____ \$ _____	OTHER	Amount \$ _____

BLDG. Sewer-size _____	\$ _____	
STORM Sewer-size _____	\$ _____	
STORM Sewer-size _____	\$ _____	Amount \$ _____

MINIMUM FEE \$50.00

ADMINISTRATION FEE \$ 40.00
TOTAL \$ _____

Permit holder is responsible for scheduling all required inspections and to provide access to all parts of the building where work was performed. NO WORK MAY BE COVERED UNTIL ALL INSPECTIONS BY ALL TRADES HAVE BEEN COMPLETED!

APPLICATION FOR PLUMBING PERMIT

I. LOCATION OF BUILDING			
ADDRESS			
CITY	COUNTY	ZIP CODE	
BETWEEN		AND	
II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
B. ARCHITECT OR ENGINEER			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NO.		EXPIRATION DATE	
C. CONTRACTOR			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NO.		EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			

"SECTION 23a OF THE STATE CONSTRUCTION CODES ACT OF 1972, ACT NO. 230 OF PUBLIC ACTS OF 1972, BEING SECTION 125.1523a OF THE MICHIGAN COMPILED LAWS, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THIS STATE RELATING TO PERSONS WHO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE, VIOLATORS OF SECTION 23a ARE SUBJECTED TO CIVIL FINES."

APPLICANT SIGNATURE: _____

HOME OWNER AFFIDAVIT

I hereby certify the work described on the attached 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 of Michigan code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the city inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary inspections.

Signature: _____