

APPLICATION FOR A PLUMBING PERMIT

HOLLAND CHARTER TOWNSHIP

353 N. 120th AVE. HOLLAND, MI 49424
 PHONE (616) 395-0196 FAX (616) 396-2537



JOB ADDRESS _____

PROPERTY OWNER OR BUSINESS NAME _____

PLUMBING PERMIT FEE SCHEDULE

RESIDENTIAL NEW CONSTRUCTION- FLAT FEE*	PER UNIT	NUMBER	FEE
SINGLE FAMILY (ITEMIZE BELOW)	180.00		
MULTI-FAMILY (EACH DWELLING UNIT - ITEMIZE BELOW)	160.00		

*RESIDENTIAL FLAT FEE INCLUDES APPLICATION FEE, 1 UNDERGROUND, 1 ROUGH, 1 FINAL INSPECTION

APPLICATION FEE (INCLUDES ONE INSPECTION)	50.00	1	50.00
ADDITIONAL INSPECTIONS	50.00		
WATER HEATER	5.00		
FIXTURES, WATER CONNECTED APPLIANCES	5.00		
DRAINS	5.00		
WATER DISTRIBUTION SYSTEM	5.00		
STACKS (SOIL, WASTE, VENT, ROOF CONDUCTOR)	5.00		
SEWERS (SANITARY, STORM)	5.00		
MONITORING MANHOLE	5.00		
SEWER SUMP / EJECTOR	5.00		
BACKFLOW PREVENTER	5.00		
LAWN SPRINKLER SYSTEM	5.00		
MEDICAL GAS PIPING (per opening)	5.00		
INVESTIGATION/ ADMINISTRATION FEE (HOURLY-1HOUR MINIMUM)	75.00		
TOTAL			

JOB DESCRIPTION

IF INSPECTION CANNOT BE COMPLETED UPON REQUESTED (locked out, not ready no address posted, etc) A REINSPECTION FEE WILL BE CHARGED. IF ANY WORK IS STARTED BEFORE THE PERMIT IS OBTAINED, AN ADMINISTRATIVE/INVESTIGATION FEE SHALL BE PAID BEFORE THE PERMIT IS ISSUED.

CONTRACTOR'S NAME _____ PHONE NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTRACTOR'S E-MAIL ADDRESS _____

CONTRACTOR'S LICENSE NO. _____ EXPIRATION DATE _____

FEDERAL EMPLOYER ID# OR EXEMPTION REASON _____

WORKER COMP. INSURANCE CARRIER OR EXEMPTION REASON _____

MESC EMPLOYER # OR EXEMPTION REASON _____

“Section 23a of the state construction code act of 1972, 1972 PA 230, MCL125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on residential building or residential structure. Violators of Section 23a are subject to civil fines.”

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

APPLICANTS SIGNATURE _____ **DATE** _____