

**APPLICATION FOR PLUMBING PERMIT**  
**SAGINAW CHIPPEWA INDIAN TRIBE**  
**OFFICE OF TRIBAL CODE ENFORCEMENT**  
 7500 Soaring Eagle Boulevard  
 Mt. Pleasant, MI 48858  
 Phone: (989) 775-4014

<b>OFFICE USE ONLY</b>	
Permit No.:	_____
Date:	_____

**TYPE OF JOB:**

- NEW                                       COMMERCIAL  
 REMODEL                                       RESIDENTIAL

Description of work: \_\_\_\_\_

This application shall become incorporated as part of the permit issued and only authorizes the items of work as herein applied for.

Please fill out application completely, incomplete applications may be returned.

	COST	NO.	FEE
<b>BASE FEE (INSPECTION NOT INCLUDED)</b>	<b>\$50.00</b>	<b>1</b>	<b>\$50.00</b>
Fixtures	\$5.00		
Stacks (soil, waste, vents & conductors)	\$2.00		
Sewers (sanitary, storm, or combined)	\$4.00		
Connection building drain to building sewer	\$4.00		
Drains, manholes & catch basins	\$4.00		
Mobile or Modular Homes	\$30.00		
Sewage sumps – Sewer ejectors	\$4.00		
Water distributing pipe (system)	\$4.00		
Water connected appliance – equipment – devices	\$2.00		
Floor drains – special drains – traps	\$2.00		
Lab – fixtures & devices	\$2.00		
Water service	\$4.00		
Underground Inspection	\$35.00		
Rough Inspection	\$35.00		
<b>Final Inspection</b>	<b>\$50.00</b>	<b>1</b>	<b>\$50.00</b>
<b>* Additional Inspections</b>	<b>\$35.00</b>		
Hourly inspection rate for items not specified	\$50.00		
Special Inspection (Property sale, insurance, etc.)	\$125.00		
Special Inspection Follow-Up	\$35.00		
<b>NOTE: Must obtain permit from Saginaw Chippewa Utilities Department to hook up to tribal sewer, storm sewer, water systems. (989) 775-5231</b>			
<b>TOTAL</b>	<b>\$</b>		

PROPERTY TAX ID #: \_\_\_\_\_

Township \_\_\_\_\_ Section \_\_\_\_\_

Directions \_\_\_\_\_

**APPLICATION FOR:**

Owner of Property \_\_\_\_\_

Job Site Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**APPLICATION BY:**

Contractor \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

State License # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Worker Disability/Comp Ins. Co. \_\_\_\_\_

Employer ID # \_\_\_\_\_

MESC Employer # \_\_\_\_\_

Telephone # \_\_\_\_\_

Signature \_\_\_\_\_  
 (Contractor, Homeowner\*\*)

**\*\*NOTE:** Homeowner by signing above you swear that you are personally doing the work as stated on this application. You agree that you will do the work in accordance with any and all applicable codes, laws and ordinances and will obtain approval from the Building Inspection Department for your completed work.

**WORK MUST BE INSPECTED BEFORE COVERED**

**TOTAL PERMIT FEE MAY BE DOUBLED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.**

**\*Please indicate the number of additional inspections anticipated for this project along with the appropriate fee amounts.**

**APPENDIX B**  
**ORDINANCE NO. 1**  
**TRIBAL BUILDING CODE**  
 Rev. 2023