

**APPLICATION FOR **PLUMBING** PERMIT  
SAGINAW CHIPPEWA INDIAN TRIBE  
TRIBAL BUILDING CODE ENFORCEMENT**

7070 E. Broadway  
Mt. Pleasant, MI 48858  
Phone: (989) 775-4014

**TYPE OF JOB:**

- NEW                                       COMMERCIAL  
 REMODEL                                   RESIDENTIAL

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

	COST	NO.	FEE
<b>BASE FEE (INSPECTION NOT INCLUDED)</b>	<b>\$22</b>	<b>1</b>	<b>22.00</b>
Fixtures	\$4		
Stacks (soil, waste, vents & conductors)	\$2		
Sewers (sanitary, storm, or combined)	\$4		
Connection building drain to building sewer	\$4		
Drains, manholes & catch basins	\$4		
Mobile or Modular Homes	\$30		
Sewage sumps – Sewer ejectors	\$4		
Water distributing pipe (system)	\$4		
Water connected appliance – equipment – devices	\$2		
Floor drains – special drains – traps	\$2		
Lab – fixtures & devices	\$2		
Water service	\$4		
<b>* Additional Inspections</b>	<b>\$22</b>		
<b>Final Inspection</b>	<b>\$22</b>	<b>1</b>	<b>22.00</b>
Hourly inspection rate for items not specified	\$25		
<b>NOTE: Must obtain permit from Stan Sineway, Utility Department to hook up to tribal sewer, storm sewer, water systems. 772-8810</b>	<b>\$0</b>		
<b>TOTAL</b>	<b>\$</b>		

**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.**

**OFFICE USE ONLY**

Permit No.: \_\_\_\_\_

Date: \_\_\_\_\_

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.

**APPLICATION FOR:**

Homeowner \_\_\_\_\_

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 # \_\_\_\_\_

Cell # \_\_\_\_\_

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.