

**Village of Carleton**  
 1230 Monroe Carleton, MI. 48117  
 PH:(734)654-6255 - FX:(734)654-0477

**PLUMBING PERMIT APPLICATION**

|  |  |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
|--|--|---|----------------------|--------------|--|------------------------------|-------------------------------------|---|----------------------------------|--|--|-------------------------------------|------------------------------------|--------------------------------|
| <b>I. JOB LOCATION</b>   |  | Application Date:                                   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| Name of Owner  | Has a building permit been obtained          | Permit#   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
|  | Yes___ No___ Not required___                 | <b>Final Date:</b>                                  |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| Address  | Contact Phone Number                         |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| <b>II. CONTRACTOR/HOMEOWNER INFORMATION</b>  |  |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| Is Applicant? Contractor___ Homeowner___   | Contractor License Number                    | Expiration Date                                     |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| Address  | Name of Master Plumber                       |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| City                      State                      Zip   | Master License Number                        | Expiration Date                                     |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| Phone Number   | Cell Phone Number                            |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| Workers Compensation Insurance Carrier   | Federal Employer Number                      |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| <b>III. TYPE OF JOB</b>  |  |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><b>SINGLE FAMILY</b></td> <td style="width: 33%; border: none;"><b>OTHER</b></td> <td style="width: 33%; border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> New</td> <td style="border: none;"><input type="checkbox"/> Sewer Only</td> <td style="border: none;"><input type="checkbox"/> Premanufactured Home Setup</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Remodel</td> <td style="border: none;"><input type="checkbox"/> Special Inspections</td> <td style="border: none;"><input type="checkbox"/> Manufactured Home Setup</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Alteration</td> <td style="border: none;"><input type="checkbox"/> Sump Pump</td> <td style="border: none;"><input type="checkbox"/> Other</td> </tr> </table> |  |   | <b>SINGLE FAMILY</b> | <b>OTHER</b> |  | <input type="checkbox"/> New | <input type="checkbox"/> Sewer Only | <input type="checkbox"/> Premanufactured Home Setup | <input type="checkbox"/> Remodel | <input type="checkbox"/> Special Inspections | <input type="checkbox"/> Manufactured Home Setup | <input type="checkbox"/> Alteration | <input type="checkbox"/> Sump Pump | <input type="checkbox"/> Other |
| <b>SINGLE FAMILY</b>   | <b>OTHER</b>                                 |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| <input type="checkbox"/> New   | <input type="checkbox"/> Sewer Only          | <input type="checkbox"/> Premanufactured Home Setup |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| <input type="checkbox"/> Remodel   | <input type="checkbox"/> Special Inspections | <input type="checkbox"/> Manufactured Home Setup    |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| <input type="checkbox"/> Alteration  | <input type="checkbox"/> Sump Pump           | <input type="checkbox"/> Other                      |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| Explain "Other"  |  |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| <b>IIII. Plan Review Required</b>  |  |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| <p>Section 23A of the State Construction Code Act of 1972, Act 230 of the Public Acts of 1972 being Section 125.152A of the Michigan Compiled Laws prohibits a person from consprying to circumvent the licensing requirements of this State relating to persons who are to perform work on a residential building or a residential structure.structure.<br/>         Violators of Section 23A are subject to civil fines.</p>   |  |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| Signature:_____ Date:_____   |  |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| <b>IV. Homeowner Affidavit:</b>  |  |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| <p>I hereby certify the work described on this permit application shall be installed by myself in my home in which I am living or about to occupy. All work shall be installed in accordance with the state code and shall not be enclosed, covered up or put into operation until it had been inspected and approved by the inspector and assume responsibility to arrange for necessary inspections</p>  |  |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |
| Signature: _____ Date: _____   |  |   |                      |              |  |                              |                                     |   |                                  |  |  |                                     |                                    |                                |

|  |                        |              |                   |                |  |
|--|------------------------|--------------|-------------------|----------------|--|
| <b>Item #3, Fixtures, Floor Drains, Special Drains and Water Connected Appliances Include:</b> |                        |              |                   |                |  |
| Water Closets  | Sink (any description) | Slop Sink    | Drinking Fountain | Floor Drain    | Water Outlet or Connection to any Make-up Water Tank |
| Bath tub   | Emergency Eye Wash     | Bidet        | Condensate Drain  | Roof Drain     | Water Outlet or Connection to Heating System         |
| Lavatories   | Emergency Shower       | Cuspidor     | Washing Machine   | Grease Trap    | Water Outlet or Connection to Filters                |
| Shower Stall   | Garbage Grinder        | Dishwasher   | Acid Waste Drain  | Starch Trap    | Connection to Sprinkler System (Irrigation)          |
| Laundry Tray   | Water Outlet Cooler    | Refrigerator | Embalming Table   | Plaster Trap   | Water Connected Sterilizer                           |
| Urinal   | Ice Making Machine     |              | Bed Pan Washer    | Water Softener | Water Connected Dental Chair                         |
| Autopsy  | Water Connected Still  |              |                   |                | Water Connection to Carbonated Beverage Dispensers   |

**Item #25, Domestic Water Treatment and Filtering Equipment:** A license is not required for the installation of domestic water treatment and filtering equipment that requires modification to an existing cold water distribution supply and associated water piping in buildings if a permit is secured, required inspections performed and the installation complies with the applicable code. If the enforcing agency determines a violation exists, it shall be corrected by the responsible installer. The permit application shall include the application fee, the number of water treatment devices recorded in item #25 for \$5.00 each and the appropriate water distribution pipe (system) size fee.

VIII. Fee Chart - Enter the number of items being installed, multiply by the unit price for total fee.

|   | Fee   | # Items | Total |   | # Items | Total |
|---|-------|---------|-------|---|---------|-------|
| 1. Application Fee (non-refundable)                                   | 20.00 |         |       | Water Distributing Pipe (system)                            |         |       |
| 2. Mobile Home Park Site*   |       |         |       | 14. 3/4" Water Distribution Pipe                            |         |       |
| 3. Fixtures, floor drains, special drains, water connected appliances |       |         |       | 15. 1" Water Distribution Pipe                              |         |       |
| 4. Stacks (soil, waste, vent and conductor)                           |       |         |       | 16. 1-1/4" Water Distribution Pipe                          |         |       |
| 5. Sewage ejectors, sumps   |       |         |       | 17. 1-1/2" Water Distribution Pipe                          |         |       |
| 6. Sub-soil drains  |       |         |       | 18. 2" Water Distribution Pipe                              |         |       |
| Water Service   |       |         |       | 19. Over 2" Water Distribution Pipe                         |         |       |
| 7. Less than 2"   |       |         |       | 20. Reduced pressure zone back-flow preventer               |         |       |
| 8. 2" to 6"   |       |         |       | 25. Domestic water treatment and filtering equipment only** |         |       |
| 9. Over 6"  |       |         |       | 26. Medical Gas System                                      |         |       |
| 10. Connection (bldg. drain-bldg. sewers)                             |       |         |       | 27. Water Heater  |         |       |
| Sewers (sanitary, storm or combined)                                  |       |         |       | Inspections   |         |       |
| 11. Less than 6"  |       |         |       | 21. Special Insp. (pertaining to sale of building)          | 45.00   |       |
| 12. 6" and Over   |       |         |       | 22. Additional Inspection                                   | 45.00   |       |
| 13. Manholes, Catch Basins  |       |         |       | 23. Final Inspection  | 45.00   |       |
|   |       |         |       | 24. Certification Fee                                       |         |       |

\* See VIIa. Fee Clarification Item #2 on front

\*\*See VIIIb. Fee Clarification Item #25 above

Note: Under special circumstances the bureau will assess an hourly fee for inspection services at a rate of \$50.00 per hour.

**Total Fee** (Must include the \$20.00 non-refundable application and final inspection fees)  

Make checks payable to **Village of Carleton**

IX. Instructions for Completing Application

**General:** Plumbing work shall not be started until the application for permit has been filed with the **Carleton** Michigan Plumbing Code. All installations shall be in conformance with the Michigan Plumbing Code. **No work shall be concealed until it has been inspected.** The telephone number for the inspector will be provided on the permit form. When ready for an inspection, call the inspector providing as much advance notice as possible. The inspector will need the job location and permit number.

**Expiration of Permit:** A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$75.00.**

**Where to Submit Application:** The Bureau of Construction Codes is responsible for code enforcement in units of government throughout the state which have no local program and for all state owned buildings as well as public and charter school construction where a local delegation of authority does not exist. Permit applications for state issued permits should be sent to the address on the front of this application. If you are not sure whether a state permit or a local permit is appropriate, contact our office or your local building inspector. Questions regarding state issued permits may be directed to the Office of Management Services, Permit Section at 517-241-9313. Code questions may be directed to the Plumbing Division at 517-241-9330.

**VALIDATION AREA**