COMMERCIAL PLUMBING PERMIT

CITY OF CADILLAC **Building Department** permits@cadillac-mi.net

Date///				200 N Lake St Cadillac, MI 49601 269-629-0600 800-627-2801
Job Location:				
Address:				
Owners Email: _				_
Which side of	the road: North	South East	West	

ITEMIZATION No.

COST OF PERMIT: \$
Make checks payable to
CITY OF CADILLAC
Building Dept. Approval
Ву:

Plan review, administration base fee and all required and final inspections	xxx.		\$105.00
Fixtures, water connected appliances, floor drains, special drains, mobile home unit site		\$ 5.25 each	
Stacks (Soil, waste, vent, conductor)		\$ 3.15 each	
Sewers (sanitary, storm or combined)		\$ 5.25each	
Water Service		\$10.50 each	
Connection building drain/building sewer		\$ 5.25 each	
Sub-soil drains		\$ 5.25 each	
Sewage ejectors, manholes, sumps		\$ 5.25 each	
Water distributing pipe system, less than "1		\$ 10.50 each	
Water distributing pipe system, 1" or greater		\$21.00 each	
Reduced pressure zone backflow preventer		\$ 5.25 each	
Medical Gas System		\$ 47.25 each	

Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below. Plans are not required for the following.

Between (closest roads) ____

- 1. One-and two-family dwelling containing not more than 3,500 square feet of building area.
- 2. Alterations and repair work determined by the plumbing official to be of a minor nature.
- 3. Buildings with a required plumbing fixture count less than 12.
- 4. Work completed by a governmental subdivision or state agency costing less than \$15,000.00 .

If work being performed as described above, check box "Plans Not Required." **Plans Not Required**

Plans are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature. All projects that require plan review will be assessed a plan review fee.

Description of work:	Additional Notes:

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Contractor Name:	Phone #			Fax #			
Address	Ci	ty			State	Zip	
Federal I.D. No/Social Security No.		N	MESC Employer No:				
Contractor License No. Exp. Date		V	Worker's Compensation Insurance Carrier				
Name of Master Plumber		N	Master License No.		Exp.	Date	
Master Plumber Business Address	Ci	ty			State	Zip	
If exempt from any of the above, explain here:			Email: (REQUIRED)				
Section 23A of the state construction co conspiring to circumvent the licensing r work on a residential building or a residential fines.	equireme	ents of the s	state relating to pers	sons who	are to perfo		
Expiration of Permit: A permit remain conducted. A permit shall become invissuance of the permit or if the autho time of commencing the work. A PER AND CONDUCTED WITHIN 180 DAYS CLOSED PERMITS CANNOT BE REFUN	valid if the rized wor MIT WILI OF THE I	e authorize rk is suspei L BE CLOSE	ed work is not com nded or abandoned ED WHEN NO INSP	menced d for a pe ECTIONS	within 180 eriod of 180 ARE REQU	days after O days after JESTED	the
AGENT/CONTRACTOR'S AFFIDAVI	IT and SIG	GNATURE					
I herby certify that the proposed wor owner to make this application as his		=	e owner of record ar	nd I have	been author	rized by the	
C' and			Data				