

# COMMERCIAL PLUMBING PERMIT

**Rutland Township**  
 2461 Heath Road  
 Hastings MI 49058  
 PH. 269-948-2194  
 Fax. 269-948-4180

BLDG DEPT. 800-627-2801 EXT. 0  
 building@rutlandtownship.org

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Rutland Township**

Permit # : \_\_\_\_\_

Project or Facility Information			
PROJECT NAME		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED			CITY
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township    OF:			ZIP CODE
COUNTY	BETWEEN	AND	

Applicant				
NAME			E-MAIL	
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Owner of the Land in Fee on Which the Building or Structure Will Be Constructed			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

COST OF PERMIT: \$ \_\_\_\_\_

Make checks payable to  
**Rutland Township**

Building Dept. Approval By  
 \_\_\_\_\_

ITEMIZATION	No.	Amount
Administration base fee and all required and final inspections		\$110.00
Fixtures, water connected appliances, floor drains, special drains, mobile home unit site	\$5.50 each	
Stacks (Soil, waste, vent, conductor)	\$3.30 each	
Sewers ( sanitary, storm or combined)	\$5.50	
Water Service	\$11.00	
Connection building drain/building sewer	\$5.50 each	
Sub-soil drains	\$5.50 each	
Sewage ejectors, manholes, sumps	\$5.50 each	
Water distributing pipe system, less than "1	\$11.00 each	
Water distributing pipe system, 1" or greater	\$22.00 each	
Reduced pressure zone backflow preventer	\$5.50 each	
Medical Gas System	\$49.50	

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.** Total \$ \_\_\_\_\_

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		City		State	Zip
Federal I.D. No/Social Security No.			MESC Employer No:		
Contractor License No.		Exp. Date		Worker's Compensation Insurance Carrier	
Name of Master Plumber			Master License No.		Exp. Date
Master Plumber Business Address		City		State	Zip
If exempt from any of the above, explain here:			Email: <b>(REQUIRED)</b>		

**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.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523a, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

I \_\_\_\_\_ (name), \_\_\_\_\_ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, or proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

SIGNATURE	DATE
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