

RESIDENTIAL MECHANICAL 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)	

Fee Schedule

- \$88.00 Single Inspection
- \$176.00 Addition REMODEL
- \$264.00 Addition REMODEL
w/ Underground
(Three Inspections)
- \$352.00 New Residence
(Three Inspections)

ITEMIZATION	No.	
Gas/Oil burning equipment-- new and or conversion units		
Chimney, factory built (Class A)		
Duct System/Hydroponic Piping		
Solar Equipment System and Piping System		
Gas Piping (New Installation)		
Exhaust Fan/Power Exhaust		
Flue Damper/vent damper		
L.P.G. & Fuel oil tanks, piping fee included		
Central Air Conditioning and Heat Pump		

If a dwelling unit is 3,500 square feet or greater plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued.

Plans are not required for the following:

1. One-and two-family dwellings when the total building heating/cooling system input rating is 375,000 Btu's or less.
2. Alterations and repair work determined by the mechanical official to be of a minor nature.

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

Plans Not Required

All projects that require plan review will be assessed a plan review fee.

COST OF PERMIT: \$ _____

**Make checks payable to
Rutland Township**

Building Dept. Approval By _____

Description of Work:

Additional Notes:

RESIDENTIAL MECHANICAL PERMIT

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 Mechanical Contractor		Master License No.	Exp. Date	
Mechanical Contractors Business Address		City	State	Zip
If exempt from any of the above, explain here:		Email: (REQUIRED)		

I am/will be the owner and occupant of the premises on which the described Installation is proposed and will be doing the proposed work myself. I will not allow anyone to do any work.

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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