Saugatuck Township
Township

PLUMBING PERMIT APPLICATION	PERMIT #	:
PROPERTY OWNER	OWNERS PHONE NO	
PROJECT ADDRESS	CITY	
	PARCEL #	
CONTR	ACTOR INFORMATION	
BUSINESS NAME	CONTAC	T PERSON
MAILING ADDRESS	PHONE	
СІТҮ		ZIP
EMAIL ADDRESS		
CONTRACTOR LICENSE #	EXP	FEDERAL ID
MESC EMPLOYER NO WORKER'S COMP CARRIER		
I hereby certify that the proposed work is authorized by the ow application as his authorized agent, and we agree to conform to application is accurate to the best of my knowledge.		
Section23A of the state construction code Act #230 of the pub prohibits a person from conspiring to circumvent the licensing r residential building or a residential structure. Violators of Section	requirements of this state relating to	- ·
WORK DESCRIPTION:		
TYPE OF BLDG: RESIDENTIAL / COMMERCIAL / INDUSTRI ALL MULTI-TENET BUILDINGS MUST HAVE A S		NEW REMODEL
INSPECTIONS: UNDERGROUND ROUGH	FINAL PLAN RE	VIEW/OTHER
FEE: \$125 PER INSPECTION TOTAL # OF IN		TOTAL \$
ADDITIONAL CHARGES WILL BE BILLED TO APPLICANT IF I LOCKED BUILDING 2.) CODE VIOLATIONS 3.) INCOMPLETE	WORK. ALL INSPECTIONS ARE MA	DE BY APPOINTMENT FROM THE OFFICE

LOCKED BUILDING 2.) CODE VIOLATIONS 3.) INCOMPLETE WORK. ALL INSPECTIONS ARE MADE BY APPOINTMENT FROM THE OFFICE OF THE PLUMBLING INSPECTOR, BOB MODRESKE. CALL 616-477-4940 TO SCHEDULE ALL INSPECTIONS. FINAL INSPECTIONS MUST BE CALLED FOR AND MADE BEFORE OCCUPYING STRUCTURE. ALL PAYMENTS MUST BE MADE PAYABLE TO SAUGATUCK TOWNSHIP IN THE FORM OF CASH, CHECK OR MONEY ORDER. PERSON(S) PERFORMING WORK WITHOUT A PERMIT ARE SUBJECT TO A \$100 FEE.

HOMEOWNER AFFIDAVIT: I HEREBY CERTIFY THAT THE WORK DESCRIBED ON THIS PERMIT APPLICATION SHALL BE DONE BY MYSELF IN MY OWN SINGLE FAMILY DWELLING IN WHICH I AM LIVING OR ARE ABOUT TO OCCUPY. ALL WORK SHALL BE DONE IN ACCORDANCE WITH MICHIGAN PLUMBING CODE AND SHALL NOT BE ENCLOSED, COVERED UP, OR PUT INTO OPERATION UNTIL IT HAS BEEN INSPECTED AND APPROVED BY THE PLUMBING INSPECTOR. I WILL COOPERATE WITH THE PLUMBING INSPECTOR AND ASSUME THE RESPONSIBILITY TO ARRANGE FOR NECESSARY INSPECTIONS.

SIGNATURE OF APPLICANT