

ECKFORD TOWNSHIP

6612 23 MILE ROAD

HOMER, MI. 49245

269-781-9222 FAX: 269-781-9276

APPLICATION FOR PLUMBING PERMIT

DATE _____ PERMIT NUMBER _____
Has a Building Permit been obtained for this project: YES _____ NO _____ NOT REQUIRED _____

OWNER:

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ TELEPHONE _____
LOCATION OF BUILDING _____ PROPERTY I.D.# _____

CONTRACTOR:

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ TELEPHONE _____
BUILDERS LICENSE # _____ EXPIRATION DATE _____
MESC EMPLOYER # _____ FEDERAL I.D. # _____
WORKERS COMP INSURANCE CARRIER _____

ARCHITECT OR ENGINEER:

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ TELEPHONE _____
LICENSE # _____ EXPIRATION DATE _____

TYPE OF IMPROVEMENT:

NEW BUILDING _____ ALTERATION _____ WRECKING _____ FOUNDATION _____ RELOCATION _____
ADDITION _____ REPAIR _____ MOBILE HOME SET-UP _____ PREMANUFACTURED _____

REVIEWS TO BE PREFORMED:

BUILDING _____ PLUMBING _____ MECHANICAL _____ ELECTRICAL _____ ENERGY _____

WRECKING- LIST TYPE OF BUILDING AND REASON

CHARACTERISTICS OF BUILDING:

DIMENSIONS: _____ # OF STORIES _____
FLOOR AREA: FIRST- _____ SECOND- _____ THIRD & ABOVE _____

TYPE OF FRAME:

MASONRY WALL BEARING _____ WOOD FRAME _____ STRUCTURAL STEEL _____ REINFORCED CONCRETE _____

TYPE OF HEATING FUEL: GAS _____ OIL _____ ELECTRICTY _____ COAL _____ WOOD _____ OTHER _____

TYPE OF SEWAGE DISPOSAL: PUBLIC OR PRIVATE COMPANY _____ SEPTIC SYSTEM _____

TYPE OF WATER SUPPLY: PUBLIC OR PRIVATE COMPANY _____ PRIVATE WELL _____

TYPE OF MECHANICAL: AIR CONDITIONING-- YES _____ NO _____

APPLICANT: CONTRACTOR _____

I hereby certify that the proposed work is AUTHORIZED BY THE OWNER OF RECORD, and that I have been AUTHORIZED BY THE OWNER to make this application as his/her authorized agent, and we agree to conform to all applicable laws of the STATE OF MICHIGAN, CALHOUN COUNTY, and ECKFORD TOWNSHIP. All information on this application is accurate to the best of my knowledge.

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ TELEPHONE _____

SIGNATURE OF CONTRACTOR: _____

HOMEOWNER AFFIDAVIT: I hereby certify the plumbing work described on this permit application SHALL BE INSTALLED BY ME FOR MY OWN HOME which I am living or about to occupy.

SIGNATURE OF OWNER: _____

EFFECTIVE: OCTOBER 1, 2007