

Mail Completed Form To: Williams Township, 1080 W. Midland Rd. Auburn Michigan 48611

WILLIAMS TOWNSHIP NEW COMMERCIAL/INDUSTRIAL PLUMBING PERMIT FEE SCHEDULE/APPLICATION

Applicant to complete numbered spaces only		PERMIT NO.	
1. Job Address:	Check No.:		
2. Parcel No.:			
3. Owner	Mailing Address	Zip	Telephone No. (Req'd)

CONTRACTOR INFORMATION			
NAME:		TELEPHONE NO.:	
ADDRESS:		CITY	STATE ZIP CODE
EMAIL ADDRESS:			
STATE LICENSE No.:		EXP. DATE:	
FEDERAL EMPLOYER ID/SS#:			
WORKERS COMP INS.:		MESC No.:	

FEE TYPE	QTY.	FEE		Comments
PROVIDE QUANTITIES FOR EACH ITEM				
INDIVIDUAL FEES (SHOW APPROX. QTY.)				
Fixture, water connected appliance				
Water distributing system				
Back flow preventers				
Connection building drain-building sewers				
Sumps, ejectors. Manholes				REQUIRED: PROVIDE ACCEPTED BID SHEET WITH PERMIT REQUEST FORM. ALL COMMERCIAL PERMIT FEES ARE DETERMINED USING THE BID PRICE.
Sewer (sanitary, storm or combined)				
Sub-soil floor drains				
Stacks (soil, waste, vent and combined)				
Catch basins				CALCULATED FEE INCLUDES 3 INSPECTIONS. IF MORE THAN 3 INSPECTIONS ARE REQUIRED SHOW THE ADDITIONAL INSPECTIOS ON LINE 34
Water hydrants				
Oil Interceptor				
Water service				
Medical Gas System				
Additional Inspection		\$50.00	ea.	
Special/Safety Inspections				
TOTAL FEE				

NAME OF OWNER OR BUILDER _____	DATE _____
Section 23a of the state construction codes act 1972, Act No. 230 of Public Acts of 1972, being section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who perform work on a residential building or a residential structure. Violators of section 23a are subject to civil fines.	
Name of Issuer _____	Date _____
If received by mail check this box <input type="checkbox"/>	

Mail Completed Form To: Williams Township, 1080 W. Midland Rd. Auburn Michigan 48611

WILLIAMS TOWNSHIP COMMERCIAL/INDUSTRIAL PLUMBING MAINTENANCE PERMIT FEE SCHEDULE/APPLICATION

Applicant to complete numbered spaces only			PERMIT NO.	
1. Job Address:		Check No:		
2. Parcel No.	Email Address:			
3. Owner	Mailing Address		Zip	Phone No.(req'd)

CONTRACTOR INFORMATION

NAME:		TELEPHONE NO.:		
ADDRESS:		CITY	STATE	ZIP CODE
EMAIL ADDRESS:				
STATE LICENSE No.:		EXP. DATE:		
FEDERAL EMPLOYER ID/SS#:				
WORKERS COMP INS.:		Mesc No.:		

FEE TYPE	QTY.	FEES	UNITS	TOTALS	Comments
COMMERCIAL BASE FEE	1	\$100.00		\$100.00	
INDIVIDUAL FEES (Add to base fee)					
Fixture, water connected appliance		\$7.50			
Water distributing system		\$30.00			
Back flow preventers		\$45.00			
Connection building drain-building sewers		\$10.50			
Sumps, ejectors. Manholes		\$45.00			
Sewer (sanitary, storm or combined)		\$37.50			
Sub-soil floor drains		\$10.00			
Stacks (soil, waste, vent and combined)		\$10.50			THE BASE FEE INCLUDES (1) INSPECTION. IF MORE INSPECTIONS ARE NEEDED ENTER THEM ON LINE 35
Catch basins		\$45.00			
Water hydrants		\$45.00			
Oil Interceptor		\$45.00			
Water service		\$37.50			
Medical Gas System		\$67.50			
Additional Inspections		\$50.00			
TOTAL FEE					

NAME OF OWNER OR BUILDER	DATE
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Name of Issuer	Date _____