Township of Leslie

MECHANICAL PERMIT APPLICATION

4279 Oak – Box 577 Leslie, MI 49251 517-589-8201 (fax 517-589-0010)

Date Issued:_____

Parcel #33-14-14-_____Building Permit #_____

COMPLETE ALL APPLICABLE SECTIONS: INCOMPLETE APPLICATIONS WILL BE RETURNED New Remodel Residential Commercial Industrial

| New Remodel Residential Commercial | Industria | al Ag. |
|---|-----------|--------|
| | FEE | TOTAL |
| New Single Family Dwelling – 3 Inspections | 160. | |
| Manufactured Home / Modular –2 Inspections | 110. | |
| Alteration / Addition/ Geothermal – 2 Inspections | 110. | |
| Wood Burning Appliance / Fireplace – 1 Inspection | 65. | |
| Furnace / Air Conditioner / Water Heater - 1 Inspection | 65. | |
| LP Storage Tank | 65. | |
| Additional / Re-inspection / Investigation Inspection | 65. | |
| Total | | |
| List Work To Be Done | Number | |
| Furnace / Air Conditioner / Water Heater | | |
| Wood Burning / Gas Fireplace / Gas Log Insert / Replace | | |
| Duct Work | | |
| Gas Piping | | |
| Boiler | | |
| | | |

Property Owner _____ Daytime Phone Number_____

Exact Location of Work Site and Nearest Crossroad

| Contractor's Name <u>and</u> Business Name: (Please Print) | | | | | | |
|--|-----------------|-------|-----|--|--|--|
| Contractor's Signature | | | | | | |
| Contractor's Address | City | State | Zip | | | |
| Contractor's Telephone Number | Fax Number | | | | | |
| License Number | Expiration Date | | | | | |
| Federal Employer ID# Or Reason For Exemption | | | | | | |
| | | | | | | |

Workers Comp Ins. Carrier ______ MESC Employer # Or Reason For Exemption______

SECTION 23A of the State Construction Code Act of 1972. Act No. 230 of the 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 are to perform work on a residential building or a residential structure. Violators of sections 23A are subject to civil fines.

HOMEOWNER AFFIDAVIT: I hereby certify the mechanical work described on this permit shall be completed by myself, in my single family dwelling in which I am living or about to occupy. All work shall be done In accordance with the State of Michigan Mechanical Code and will not be enclosed, covered, or used until it has been inspected and approved by the Mechanical Inspector.

HOMEOWNER' SIGNATURE

NOTE: Permit void after one (1) year from date of issuance.

FOR INSPECTIONS TELEPHONE DANIEL PLYLER: 517-331-3905