Township of Leslie

PLUMBING PERMIT APPLICATION

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

| Date issued: | | |
|-------------------|-------------------|--|
| Parcol #33-14-14- | Building Permit # | |

COMPLETE ALL APPLICABLE SECTIONS: INCOMPLETE APPLICATIONS WILL BE RETURNED

| New | Remodel | Residential | Commercial | Industrial | Ag. |
|--|---------|-------------|------------|------------|-------|
| | | | | FEE | TOTAL |
| New Single Family Dwelling – 3 Inspections | | 160. | | | |
| Manufactured Home / Modular – 2 Inspections | | 110. | | | |
| Alteration / Addition – 2 inspections | | | 110. | | |
| Underground / Single or Investigation Inspection | | 65. | | | |
| Additional Inspection / Re-inspection | | | 65. | | |
| Total | | | | | |

| List Work To Be Done | Number of Items |
|--|-----------------|
| Sewage Ejectors | |
| Fixtures (Sinks / Lavatories / Washing Machine / Tubs Showers / Water closets) | |
| Stacks and Vents | |
| Equipment (Softener, Water Heater, etc.) | |

| Property Owner | Daytime Phone Number_ | Daytime Phone Number | | |
|---|--|----------------------|---|--|
| Exact Location of Work Site and Nearest Cros | esroad | | | |
| Contractor's Name <u>and</u> Business Name: (Plea | ase Print) | | | |
| Contractor's Signature | Email | | | |
| Contractor's Address | City | State Zip | | |
| Contractor's Telephone Number | Fax Number | | | |
| License Number | Expiration Date | | | |
| Federal Employer ID# or Reason For Exemption | on | | | |
| Workers Comp Ins. Carrier | MESC Employer # or Reason For Exe | emption | | |
| | of 1972, Act No. 230 of the Public Acts of 1972, being section ent the licensing requirements of this state relating to person ors of sections 23A are subject to civil fines. | | Ł | |
| | umbing work described on this permit shall be completed by ne In accordance with the State of Michigan Plumbing Code ne Plumbing Inspector. | | | |
| Homeowner's Signature | Email | | | |

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