

Township of Leslie

4279 Oak – Box 577

Leslie, MI 49251

517-589-8201 (fax 517-589-0010)

PLUMBING PERMIT APPLICATION

Date Issued: _____

Parcel #33-14-14-_____ **Building Permit #**_____

COMPLETE ALL APPLICABLE SECTIONS: INCOMPLETE APPLICATIONS WILL BE RETURNED

Residential	Commercial	Industrial	FEE	TOTAL
New Single-Family Dwelling – 3 Inspections			265.	
Manufactured Home, Modular – 2 Inspections			205.	
Alteration, Addition – 2 inspections			205.	
Underground, Investigation – 1 Inspection			145.	
Miscellaneous, Additional, Re-inspection – 1 Inspection			145.	
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 _____

Exact Location of Work Site and Nearest Crossroad _____

Contractor's Name **and** Business Name _____

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 _____

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 plumbing work described on this permit shall be completed by me, 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 Plumbing Code and will not be enclosed, covered, or used until it has been inspected and approved by the Plumbing Inspector.

Homeowner's Signature _____ **Email** _____

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

FOR INSPECTIONS TELEPHONE LARRY CRAFT 517-740-8604