

PLUMBING PERMIT APPLICATION

Permit Number (office use only)	CCWS #
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CASS COUNTY WATER SYSTEM



241 S. Front Street P.O. Box 430 Dowagiac, MI 49047 (269) 782-8427 Fax: 782-1838

AUTHORITY: P.A. 230 OF 1972, AS AMENDED
 COMPLETION: MANDATORY TO OBTAIN PERMIT
 PENALTY: PERMIT CANNOT BE ISSUED

I. JOB LOCATION

Name of Owner/Authorized Agent	Has a building permit been obtained for project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		PROPERTY PARCEL NUMBER	
Property Address	City/Village	Township	County	
		<input type="checkbox"/> JEFFERSON <input type="checkbox"/> LAGRANGE <input type="checkbox"/> PENN <input type="checkbox"/> CALVIN	CASS	
Email Address	Home Phone	Cell Phone	Fax #	

II. CONTRACTOR / HOMEOWNER INFORMATION

<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner	Name	State License Number	Expiration Date
Mailing Address		State Registration Number	Local Licensing Jurisdiction
City	State	Zip Code	Local License Number
Home Phone ()	Social Security Number	Federal Employer ID Number (or reason for exemption)	
Cell Phone ()	Workers Compensation Insurance Carrier (or reason for exemption)	MESC Employer Number (or reason for exemption)	
Fax Number ()	Email Address		

III. TYPE OF JOB : WATER SERVICE CONNECTION

<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other: _____	Location(s) <input type="checkbox"/> Interior of Structure <input type="checkbox"/> Exterior / Pit <input type="checkbox"/> Int. Plumbing size _____" <input type="checkbox"/> Meter Size _____" Qty of fixtures _____	Material Used <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> PEX <input type="checkbox"/> PE <input type="checkbox"/> Other: _____	ASTM Standard _____ _____ _____	Record Plan (as-built drawing) Must be submitted before permit approved/issued <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached, but will be submitted before approval On: _____
Meter's Location: _____		Existing Well: _____ remain active or _____ properly abandon		

IV. PLAN REVIEW REQUIRED

Have plans been submitted? (See below for plan review requirements before completing this section.) YES NO NOT REQUIRED

Plans are not required for the following:

- One- and two-family dwelling containing not more than 3,500 square feet of building area.
- Alterations and repair work determined by the plumbing official to be of a minor nature.
- Assembly, business, mercantile and storage buildings with a required plumbing fixture count less than 12.
- Work completed by a governmental subdivision or state agency costing less than \$15,000.00.

If work being performed is described above, answer Section IV, "not required."

Plans are required for all other building types and shall be prepared by or under the direct supervision of an architect or licensed engineer licensed pursuant to Act No. 299 of the Public Acts of 1980, as amended, and shall bear that architect's or engineer's signature and seal.

PLANS MUST BE SUBMITTED BEFORE A PERMIT CAN BE ISSUED.

V. APPLICANT SIGNATURE

Section 23a of the State Construction Code Act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential structure. Violators of sections 23a are subjected to civil fines.

Signature of Licensee or Homeowner (Homeowner signature indicates compliance with Section VI. Homeowner Affidavit)	Date
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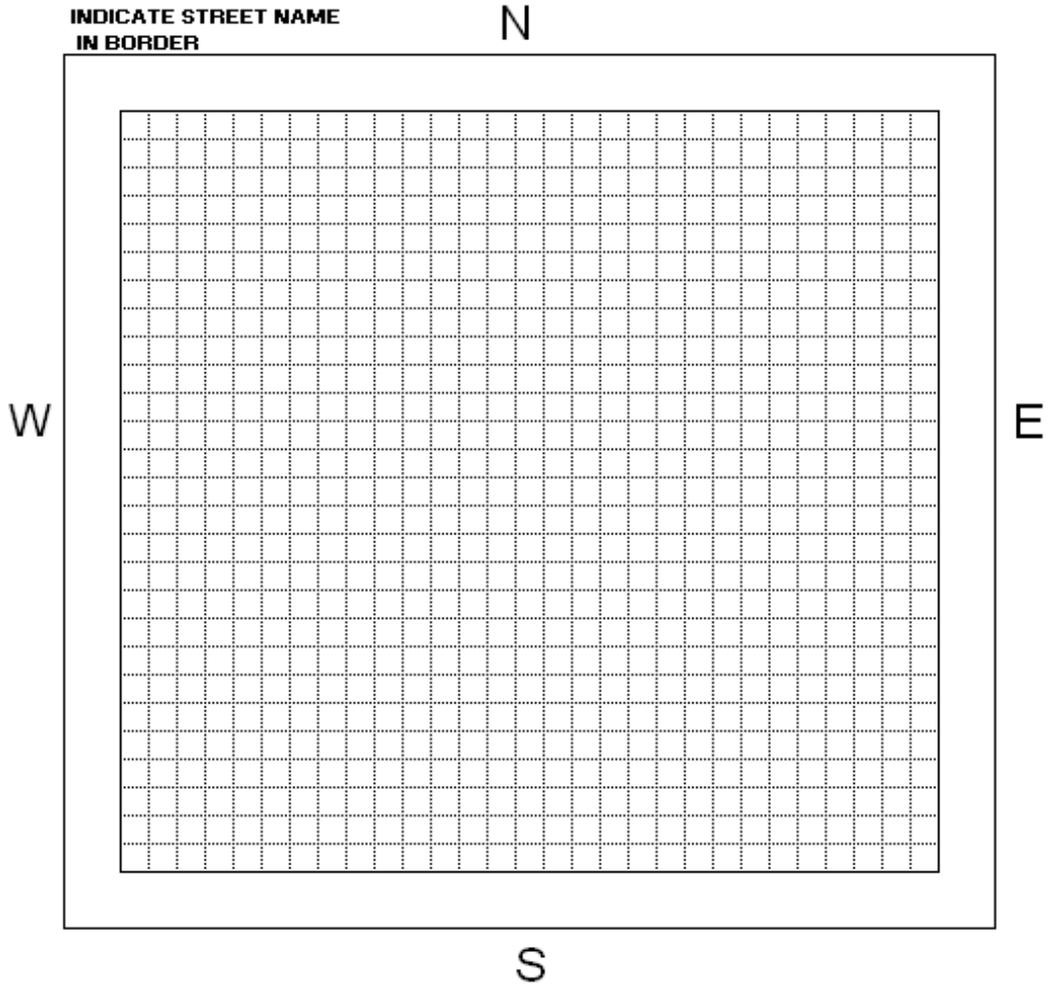
VI. HOMEOWNER AFFIDAVIT

I hereby certify the plumbing work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the Plumbing Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Plumbing Inspector. I will cooperate with the Plumbing Inspector and assume the responsibility to arrange for necessary inspections.

COMPLETE APPLICATION ON BACK SIDE

CCWS PLUMBING PERMIT APPLICATION

**INDICATE STREET NAME
IN BORDER**



VII. FEE CHART – Enter the number of items being installed; multiply by the unit price for total fee.

ITEM DESCRIPTION		FEE	# ITEMS	TOTAL
1.	Water Service: Less than 2"	85.00		\$
2.	Reduced pressure zone back-flow preventer	7.75		
3.	Additional Inspection	39.00		
TOTAL PERMIT COST:				\$

VIII. INSTRUCTIONS FOR COMPLETING APPLICATION

GENERAL: Plumbing work shall not be started until the application for permit has been filed with the Dowagiac Building Department. All installations shall be in conformance with the Michigan Plumbing Code. No work shall be concealed until it has been inspected. When ready for an inspection, call the Plumbing Inspector, Ed Wainwright, at (269) 663-8542, providing as much advance notice as possible. The Inspector will need the job location, type of inspection and permit number.

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

WHERE TO SUBMIT APPLICATION: Applications should be submitted to the address on the front of this application. Questions regarding issued permits may be directed to the Plumbing Inspector, Ed Wainwright, at (269) 663-8542.

IX. PAYMENT VALIDATION/APPROVAL (FOR DEPARTMENT USE ONLY)			
PERMIT FEE: \$		APPROVAL SIGNATURE	
METHOD OF PAYMENT	PLUMBING PERMIT #	JAMES BRADFORD, BUILDING OFFICIAL	
<input type="checkbox"/> CASH	CCWS#		
<input type="checkbox"/> CHECK #			
<input type="checkbox"/> CARD EXP. DATE _____ / _____		DATE:	
CARD #			