

**UNDERGROUND PLUMBING BUILDING SEWER PERMIT APPLICATION**



**JOB LOCATION**

Street Address	Applicant: (check one) <input type="checkbox"/> LICENSED DRAIN LAYER <input type="checkbox"/> OTHER	
Property Owner / Builder	Address	Phone Number

**DRAIN LAYER INFORMATION**

Name	Drain Layer No.	Exp. Date
Address (Street)	City	State Zip
Phone Number	Fax Number	Cell Number
Workers Compensation Carrier (Or Reason for Exemption)	MESC Number	Federal Employer ID Number
E-Mail		

**TYPE OF JOB / WORK DESCRIPTION**

<u>Category (Circle One)</u>	<u>Work Type (Check Box)</u>	<u>Work Description</u>
Residential	<input type="checkbox"/> New	_____
Commercial	<input type="checkbox"/> Repair / Replace	_____
Industrial		_____

RESIDENTIAL / COMMERCIAL ITEMIZATION			
ITEM DESCRIPTION	NO.	RATE	FEE
Base Fee Includes One Inspection	1	70.00	70.00
Building Sewer/Building Drain/Storm Drain		7.00 EA	
Additional / Re-Inspections		70.00 EA	

<p><b>Calculated Fee Total:</b>     \$ _____</p> <p>Please make checks payable to "Delhi Charter Township"</p>
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**GENERAL INSTRUCTIONS**

<p>PLUMBING WORK SHALL NOT BE STARTED UNTIL THE PERMIT IS ISSUED. WORK SHALL NOT BE CONCEALED UNTIL IT HAS BEEN INSPECTED. <b>TO SCHEDULE AN INSPECTION, CALL (517) 694-8281.</b></p>
<p>PERMIT IS VALID AS LONG AS THE WORK IS IN PROGRESS AND INSPECTIONS ARE CONDUCTED. A PERMIT WILL EXPIRE WHEN WORK IS NOT STARTED WITHIN SIX MONTHS, OR WHEN INSPECTIONS ARE NOT CALLED FOR AND COMPLETED WITHIN SIX MONTHS OF THE PREVIOUS INSPECTION. AN EXPIRED PERMIT CAN NOT BE REFUNDED OR REINSTATED.</p>
<p>APPLICATIONS SHOULD BE SUBMITTED TO: DELHI CHARTER TOWNSHIP BUILDING DEPARTMENT; 2074 AURELIUS RD, HOLT MI 48842. QUESTIONS REGARDING STATE CODE OR PERMIT STATUS MAY BE DIRECTED TO THE TOWNSHIP BUILDING DEPARTMENT AT (517) 694-8281 ext. 1, MONDAY – FRIDAY 8:00 a.m. – 5:00 p.m.</p>

**APPLICANT SIGNATURE**

<p>Permits for a building sewer/private sewer or water service, only, may be issued to other than licensed contractor/master plumbers. Contact should be made with the enforcing agency to determine any local requirements relating to water services and building sewer installation which may be in effect.</p>		
Signature:	Date:	Printed Name:

**For Office Use Only:**



TOTAL PAID: _____
Receipt # _____ Date Received: _____
Property ID # 33-25-05-     -     -