



DEPARTMENT OF BUILDING AND PLANNING

Permit No. _____

36300 Warren, Westland, Michigan 48185 (734) 467-3210 FAX 422-1218

CITY OF WESTLAND

An All **AMERICAN** City
www.cityofwestland.com

William R. Wild - Mayor

**APPLICATION FOR PLUMBING PERMIT
"MUST BE FILLED OUT IN INK"**

Date: _____ Location: _____

Company Name: _____ Phone: _____

Property Owner: _____ Phone: _____

Applicant's Signature _____

COMMERCIAL RESIDENTIAL NEW CONSTRUCTION ADDITION ALTERATION

_____ @ \$50.00 \$ _____

BACK FLOW PREVENTER

WATER SERVICE

_____ @ \$35.00 \$ _____

C. to I.

1" _____ \$30.00

_____ @ \$10.00 \$ _____

DISHWASHER

2" _____ \$40.00

_____ @ \$10.00 \$ _____

DRINKING FOUNTAINS

3" _____ \$50.00

_____ @ \$10.00 \$ _____

FIXTURES

4" _____ \$53.00

_____ @ \$10.00 \$ _____

FLOOR DRAINS

over 4" _____ \$60.00

_____ @ \$10.00 \$ _____

FOOD WASTE GRINDER

WATER DISTRIBUTION

_____ @ \$10.00 \$ _____

HOSE BIBBS

3/4" _____ \$25.00

_____ @ \$40.00 \$ _____

HOT WATER HEATER

1" _____ \$30.00

_____ @ \$10.00 \$ _____

HUMIDIFIERS

2" _____ \$40.00

_____ @ \$10.00 \$ _____

LAVATORIES

3" _____ \$50.00

_____ @ \$10.00 \$ _____

PUMPS / FIRE JOCKEY

4" _____ \$55.00

_____ @ \$10.00 \$ _____

SHOWER TRAPS

Amount \$ _____

_____ @ \$10.00 \$ _____

BATH TUBS

_____ @ \$10.00 \$ _____

SINKS (ANY)

_____ @ \$ 1.00 \$ _____

SPRINKLER HEADS (LAWN ONLY)

_____ @ \$10.00 \$ _____

STACKS / VENTS

_____ @ \$10.00 \$ _____

URINALS

_____ @ \$10.00 \$ _____

WATER CLOSETS

_____ @ _____ \$ _____

OTHER

Amount \$ _____

BLDG. Sewer-size _____

\$ _____

STORM Sewer-size _____

\$ _____

STORM Sewer-size _____

\$ _____

Amount \$ _____

MINIMUM FEE \$50.00

ADMINISTRATION FEE \$ 40.00

TOTAL \$ _____

Permit holder is responsible for scheduling all required inspections and to provide access to all parts of the building where work was performed. **NO WORK MAY BE COVERED UNTIL ALL INSPECTIONS BY ALL TRADES HAVE BEEN COMPLETED!**

APPLICATION FOR PLUMBING PERMIT

I. LOCATION OF BUILDING			
ADDRESS			
CITY	COUNTY	ZIP CODE	
BETWEEN		AND	
II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
B. ARCHITECT OR ENGINEER			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NO.		EXPIRATION DATE	
C. CONTRACTOR			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NO.		EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			

"SECTION 23a OF THE STATE CONSTRUCTION CODES ACT OF 1972, ACT NO. 230 OF 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 PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE, VIOLATORS OF SECTION 23a ARE SUBJECTED TO CIVIL FINES."

APPLICANT SIGNATURE: _____

HOME OWNER AFFIDAVIT

I hereby certify the work described on the attached 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 state of Michigan code and shall not be **enclosed, covered up, or put into operation** until it has been **inspected and approved** by the city inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary inspections.

Signature: _____

Form Must Be Signed By Property Owner or Contractor