3338 Coolidge
Berkley, Michigan 48072
(248) 658-3320
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# PLUMBING PERMIT APPLICATION

**Work being done at:**

Address:_____ Day Telephone:_____

Name of Property Owner:_____

Subdivision_____ Lot No._____ Lot Size_____

**Contractor/Applicant:**

Company Name:_____

License Holder:_____

Address:_____ City: _____ State/zip:_____

Telephone:_____

Federal Employer ID number: _____ Contractors License Number & Expiration:_____

**If contractor is not pulling the permit in person, a letter of authorization must be present to obtain a permit.**

Authorized person (not the contractor): _____ Drivers License Number: _____

_____ _____ _____
Contractor's Signature Contractors Name (printed) Date

**If the applicant is the homeowner, please fill out the reverse side.**

## WORK BEING PERFORMED

*Please be advised that fees are set with the understanding that typically one or two inspections will be required. If additional inspections are necessary due to violations or inspectors being locked out, a $30 reinspection fee will be charged.*

**Enter the number of items:**

| | |
|---|---|
| Backflow Preventer | Lavatory |
| Backwater Valve | Medical Gas (per outlet) |
| Bath tub | Pump or Water Lift |
| Catch Basin – is it for a parking lot? | Shower Trap |
| Dishwasher | Sink |
| Domestic Laundry Machine | Sprinkler System (lawn) |
| Floor Drain | Stacks |
| Fountain (drinking) | Sump or Interceptor |
| Garbage Disposal | Surgical Cuspidor |
| Grease Trap | Urinal |
| Hose Bibbs | Vacuum Breaker |
| Humidifier | Water Closet (toilet) |
| Inside Drain | Water Distribution (Size?) |
| Ice Maker | Water Heater |
| Indirect waste sink | Water Tank |
| Laundry Tray (tub) | Water Treatment Device |

List any additional work not listed above: _____

_____