

Effective Date: May 1, 2013

MECHANICAL PERMIT APPLICATION

GERRISH TOWNSHIP

2997 E. Higgins Lake Dr. • Roscommon, MI 48653
Phone (989) 821-9313 • Fax (989) 821-8627

OFFICE HOURS:
Monday thru Friday
8:00 a.m. - 4:00 p.m.

	EEE	NO.	TOTAL
New Single Family Flat Fee Incl.			
up to 3 inspections A/C not incl.	\$150.00		
Basic Permit Fee (1 - Insp.)	50.00		
* * Furnace or Boiler Indoor () Outdoor ()	30.00		
Solid Fuel Equip. (includes chim.)	30.00		
Chimneys, Vents	25.00		
Gas Piping, Ducts	25.00		
Fuel Fired Appl. (dryer, stove, etc.)	10.00		
Fire Suppression System .75¢ per head (minimum)	20.00		
Storage Tanks	20.00		
Air Conditioning	15.00		
Refrigeration System	30.00		
Cooling Towers, Heat Exchangers	30.00		
Commercial Cooking Hoods Incl. Vents	25.00		
Hydronic/Process Piping	20.00		
Air Handlers/Cleaners/Humidifier	15.00		
Exhaust Fans (Bath, Kitchen, etc.)	6.00		
Water Heater	6.00		
Re-insp. Final Inspections	50.00		
Insp. Sale of Home/Insurance	40.00		
Administration fee for work			
started before permit is secured			
**Building Department needs a site plan of the location			
of the outdoor furnace on lot.			
TOTAL AMOUNT DUE \$			

Ck. # _____ Cash _____ Date _____ Validation _____

DATE _____ **M**

Owner's Name _____

Job Address _____

Property ID # 72-004 -- _____

Owner's Mailing Address: _____

Street _____

City, State _____

Zip _____ Phone No. _____

I hereby certify the mechanical work described on the application shall be installed by myself in my single family dwelling in which I am living or about to occupy. I also agree to conform to all applicable laws of the State of Michigan.

Homeowner's Signature _____

Date _____ Phone No. _____

Section 23a of the State Construction Code Act of 1972, Act 230 of the Public Acts of 1972, being Section MCL 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 subject to civil fines.

Contractor's Name _____

Address _____

Phone # _____

Workers Comp. Ins. Carrier _____

Federal Employer I.D. # _____

MESC Employer # _____

License # _____ Expiration Date _____

Contractor's Signature _____