GENERAL:

Work started without permit is subject to double permit fees payable to Solon Township prior to permit issuance.

Closed and/or Cancelled permits will not be refunded or reinstated.

Date:__

Application for PLUMBING PERMIT SOLON TOWNSHIP

15185 Algoma Ave Cedar Springs, MI 49319 Tel 616 696-1718 Fax 616 696-3970

Permit No.

NOTE* Permit is valid five days after application is filed with the township unless notified otherwise.

Plumbing Inspector Jeff Biegalle 616-438-5957

Commercial: New \square Existing \square Sewer	Only:			
Single Family Dwelling: New \square Existing \square Water S	Water Service Only: \Box			
Name of Owner or Agent (Please Print):	gent (Please Print): Phone:			
Project Address:	Email:			
Contractor's Name:	License No			
Street Address: City:	St			
Signature of Contractor: Phone:		Fax:_		
Federal I.D. No. or Reason for Exemption:	_Email:			
Worker's 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 Pul Michigan Compiled Laws, prohibits a person from conspiring to circumve	nt the licensing re	quirements	s of this state relating to	
Michigan Compiled Laws, prohibits a person from conspiring to circumve persons who perform work on residential building or a residential structure.	nt the licensing rere. Violators of se	quirements ection 23a a	s of this state relating to are subject to civil fines	
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Expired Permit: Six (6) MONTHS NO ACTIVITY (REQUIRES NEW PERMIT)

HOMEOWNER'S AFFIDAVIT: I hereby certify that the plumbing work described on this permit application shall be installed by myself in my own single family dwelling in which I am living or about to occupy. All work shall be installed in accordance with the 1997 International Plumbing Code and Part 7 Amendments, and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Solon Township Plumbing Inspector. I will cooperate with the Solon Township Plumbing Inspector and assume the responsibility to arrange for the necessary inspections.

Rev. 02/10/2025	Owner's Signature: