

**NOTE**

*If any work is commenced before a Permit is obtained, an amount equivalent to 200% of the appropriate fee set forth herein shall be paid to Solon Township before a Permit is issued.*

**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**

Date: \_\_\_\_\_

Commercial: New  Existing

Sewer Only:

Single Family Dwelling: New  Existing

Water Service Only:

Name of Owner or Agent (Please Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Project Address: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ License No. \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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 Public Acts of 1982, 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 residential building or a residential structure. Violators of section 23a are subject to civil fines.**

Type of Equipment	Fee	No.	Fee
Permit Fee (includes 1 inspection)	\$60.		
Underground, Rough-in, Final, Re-inspection, or Additional Inspection	\$30. each		
Fixtures, water connected appliance, floor drains, special drains, mobile home unit site	\$4. each		
Stacks (soil, waste, vent, and conductor)	\$3. each		
Sewers (sanitary, storm, or combined)	\$5. each		
Water Service	\$5. each		
Connection building drain-building sewers	\$5. each		
Subsoil drains	\$5. each		
Sewage ejectors, manholes, sumps	\$5. each		
Water distributing pipe (system)	\$10. each		
Reduced pressure zone backflow preventer	\$5. each		
Hourly inspection rate	\$50.		
Special inspection (if required by law)	\$50.		
<b>Total Fee</b>			

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.

Owner's Signature: \_\_\_\_\_