



# APPLICATION FOR MECHANICAL PERMIT

## Clare County Building Development

Physical Address: 225 W. Main St., Harrison, MI 48625

Mailing Address: P.O. Box 438, Harrison, MI 48625

Office: 989.539.2761 • Inspection Line: 989.539.2741 • Fax: 989.539.7385

"Our goal is to provide a safer place to live, work and play"

**TOTAL PERMIT FEE MAY BE DOUBLED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.**

**TYPE OF JOB:**

- NEW                       REMODEL  
 COMMERCIAL             RESIDENTIAL

Effective 08/17/2020

**METHOD OF COMPLIANCE:**

- MICHIGAN BLDG CODE     REHABILITATION CODE

Description of work: \_\_\_\_\_

\_\_\_\_\_

	COST	NO.	FEE
BASE FEE (includes administration fee & 1 inspection)(non-refundable)	\$75		
Heat System <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> HVAC <input type="checkbox"/> Heat Pump <input type="checkbox"/> Solid Fuel	\$31		
Fireplace and vent	\$24		
Chimney (Factory Built) Chimney Re-lining, B Vent	\$23		
Dampers (flue, vent, fire)	\$7		
Duct Systems/Hydronic piping	\$23		
Bath/Kitchen Fans (under 1000 CFM)	\$7		
Central A/C, Split Refrigeration, Evap. Cooling	\$24		
Water Heater and Vent	\$10		
Gas piping (each outlet)	\$7		
Infrared/Terminal Unit Heaters	\$19		
Air Handling (1000 to 10,000 CFM)	\$19		
Air Handling (over 10,000 CFM)	\$55		
Tanks (LPG/Fuel Oil) includes piping to bldg. entry	\$19		
Humidifiers, Heat Recovery, VAV Box, Unit Ventilators	\$10		
Commercial Hoods	\$19		
Chillers/Cooling Towers/Compressors	\$28		
Fire Suppression \$ .55/head (Minimum \$19) (Round to nearest whole dollar) NOTE: All fire suppression plans & specs must be sent to the local Fire Dept. for approval prior to starting work.			
Final Inspection and/or Re-inspection	\$50		
Special Inspection	\$50		
Manufactured Home	\$36		
LP tank changeout (check base fee above - Total - \$50.00)			
Mail Fee	\$5		
<b>TOTAL</b>			

**WORK MUST BE INSPECTED AND APPROVED BEFORE COVERED**

This application shall become incorporated as a part of the permit issued and only authorizes the items of work as herein applied for. Applicant certifies that all information given is correct and that all pertinent ordinances and laws will be complied within performing the work for which this permit is issued.

Please fill out application completely, incomplete applications may be returned.

PROPERTY TAX ID#: \_\_\_\_\_

Township: \_\_\_\_\_ Section: \_\_\_\_\_

Directions: \_\_\_\_\_

APPLICATION FOR: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

APPLICATION BY: \_\_\_\_\_

Contractor: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

State License#: \_\_\_\_\_

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

Workers Disability/Comp Ins. Co.: \_\_\_\_\_

Employer ID#: \_\_\_\_\_

MESC Employer#: \_\_\_\_\_

Telephone#: \_\_\_\_\_

\*section 23A of the State Construction Code Act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23A are subjected to civil fines.

Signature: \_\_\_\_\_

SIGNATURE OF CONTRACTOR OR HOMEOWNER (Homeowner's signature indicates compliance with Homeowner Affidavit.)

Drivers License Number: \_\_\_\_\_

\*\*HOMEOWNER AFFIDAVIT: "I hereby certify the mechanical work described on this 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 Michigan Mechanical Code and shall not be enclosed, covered up, or put into operation until it has been **inspected and approved** by the Mechanical Inspector. I will cooperate with the Mechanical Inspector and assume the responsibility to arrange for necessary inspections."

**Expiration of Permit:** A permit remains valid as long as work is progressing & inspections are requested & conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND**

OFFICE USE ONLY

Permit No.: \_\_\_\_\_

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

Check No.: \_\_\_\_\_

Receipt No.: \_\_\_\_\_