FEE

APPLICATION FOR MECHANICAL PERMIT



REMODEL

RESIDENTIAL

REHABILITATION CODE

COST

\$75

\$31

\$24

\$23

\$7

\$23

\$7

\$24

\$10

\$7

\$19

\$19

\$55

\$19

\$10

\$19

\$28

\$50

\$50

\$36

\$5

NO.

TYPE OF JOB:

NEW

METHOD OF COMPLIANCE:

Description of work:

Heat System

Fireplace and vent

Dampers (flue, vent, fire)

Water Heater and Vent

Gas piping (each outlet)

Ventilators

Commercial Hoods

Special Inspection

- \$50.00) Mail Fee

Manufactured Home

Infrared/Terminal Unit Heaters

Air Handling (over 10,000 CFM)

Air Handling (1000 to 10,000 CFM)

Duct Systems/Hydronic piping

Bath/Kitchen Fans (under 1000 CFM)

Central A/C, Split Refrigeration, Evap. Cooling

Tanks (LPG/Fuel Oil) includes piping to bldg. entry

Humidifiers, Heat Recovery, VAV Box, Unit

Chillers/Cooling Towers/Compressors

Final Inspection and/or Re-inspection

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.

LP tank changeout (check base fee above - Total

COMMERCIAL

BASE FEE (includes administration fee & 1

☐Gas ☐Oil ☐HVAC ☐Heat Pump ☐Solid Fuel

Chimney (Factory Built) Chimney Re-lining, B Vent

inspection)(non-refundable)

MICHIGAN BLDG CODE

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 WOR
IS STARTED BEFORE PERMIT IS ISSUED.

OFFICE USE ONLY

e 08/17/2020	Permit No.:
	Date:
	Check No.:
	Receipt No.:
authorizes the items of work as herein ag	ted as a part of the permit issued and only plied for. Applicant certifies that all information dinances and laws will be complied within nit is issued.
Please fill out application completely, incor	mplete 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#:	
Signature:	ACTOR OR HOMEOWARDS (1)
	ACTOR OR HOMEOWNER (Homeowner's npliance with Homeowner Affidavit.)
Drivers License Number:	

TOTAL

WORK MUST BE INSPECTED AND APPROVED BEFORE COVERED

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