

CITY OF CORUNNA 402 N. SHIAWASSEE ST. CORUNNA, MI 48817 PHONE: (989) 743-3650 EXT. 1

DO NOT START WORK

FAX: (989) 743-4417

For inspections please call Bob Delany (989) 666-7031

DATE:	
PERMIT #:	
RECEIPT #:	

ALTER/REPAIR

An ordinance enacted pursuant to the Zoning Ordinance of the City of Corunna establishing fees for the

SW OR IN A PARK

PLUMBING PERMIT APPLICATION

ADDITION

HUD/MFD/DW

Work started without a permit is a violation of city ordinance . Failure to obtain a permit will result in double permit fees being charged as per state law.

NEW CONST

PRE-MFD/MOD

BEFORE A PE Incomplete applica	RMIT IS ISSUED ations will be rejected	issuance of permits and the conduct of inspections; repeal of inconsiste City of Corunna Ordains: FEES. The following shall be charged and colle the time of the issuance of the permit.			
		PERMIT FEES	COST	NO. UNITS	TOTAL
Name of Owner:		Application Fee (non-refundable)	\$50.00	1	\$50.00
		Underground Inspection	\$50.00		
Address of Job:		Rough Inspection	\$70.00		
		Re-Inspection (ea.)	\$70.00		
Parcel Number:		Final Inspection	\$70.00		
		FIXTURES, DRAINS, WATER CONNECTED APPLIANCES, STACKS			
CONTRACTOR/HOMEOWNER INFORMATION		Fixtures, floor drains, special drains, Water connected appliances (ea.)	\$5.00		
Applicant:		Stacks (soil, waste, vent & conductor, ea.)	\$5.00		
		Ejector pump	\$25.00		
Address:		Sewage ejectors	\$5.00		
City/State/Zip:		WATER SERVICE			
		Less than 2"	\$10.00		
Telephone Number (with area code)		2" to 6"	\$25.00		
Homeowner:	Contractor:	Over 6"	\$55.00		
		Water heater (gas or oil fired)	\$10.00		
Federal Employer Identification Number	er:	Connection bldg. drain-bldg. sewers (ea.)	\$5.00		
, ,		Water Softener	<u> </u>		
Drivers License Number:		SEWERS (sanitary, storm, or combined)	\$10.00		
Drivers License Number.		Less than 6"	\$5.00		
Workers Compensation/Disability Insu	rance Carrier:	6" and Over	\$25.00		
		Manholes, Catch Basins (ea.)	\$5.00		
M.E.S.C. Employer Number:		WATER DISTRIBUTING PIPE (system)	\$5.00		
IVI.E.S.C. Employer Warmser.		3/4" Water Distribution Pipe	\$5.00		
Builder's License Number:		1" Water Distribution Pipe	\$10.00		
		1 1/4" Water Distribution Pipe	\$15.00		
Expiration Date:	-	1 1/2" Water Distribution Pipe	\$20.00		
		2" Water Distribution Pipe	\$25.00		
		Over 2" Water Distribution Pipe	\$30.00		
Description of Work:		MISCELLANEOUS			
		Reduced pressure zone back-flow preventer (ea.)	\$10.00		
		Additional/Safety Inspection (ea.)	\$50.00		
		Certification Fee (Annual)	\$25.00		
		Plan Review - \$100.00 (1st hr.)(\$75.00 per hour after)	\$100.00		
BUILDING DIMENSIONS (Measured in	Sq. Feet)	TOTAL FEE TO BE PAID (CALCULATED BY STAFF)	\$		
Dwelling: 1st floor	2nd floor				
Att. Garage BUILDING TYPE	Acc. Bldg	PLAN REVIEW REQUIRED)		
Frame	Masonry	FOR HOMES OVER 3,500 SQUA			
Pole Reinforced Concrete	Structured Steel Other	Have you submitted a plan? Yes	☐ No		
FOUNDATION		HOMEOWNERS AFFIDAVIT: I hereby certify that the plumbing work desc	ribed above shall	be	
Block	Poured Wall	installed by myself in my single family dwelling in which I live or am abou			
Wood	Trenched Footing	shall be installed in accordance with the Michigan State Plumbing Code a			
Ratwall Please check one and include dimension	Other ————ons:	enclosed or put into service until it has been inspected and approved b cooperate with the city and assume all responsibility to arrange for and			
Walkout x	Reg./Unfinx	inspections. SECTION 23a of the State Construction Codes Act of 1972, A	act No. 230 of Pub	olic	
Reg./Fin. x NUMBER OF ROOMS	Crawlspacex	Acts of 1972, being Section 125.1523a of Michigan Complied Laws, prohoconspiring to circumvent the licensing requirements of this State relating		n	
# of rooms (excluding bathrooms)		perform work on, or construction of residential buildings.	; to persons who		
# of bathrooms	# of bedrooms	VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.			
the authorized work is not commenced wit	thin six months after the issuance of the work. A permit will be cancelled when no		l of six		
(Homeowners Signature)	(DATE)	(Contractors Signature)	DATE		
APPROVED	• • •	DATE			