



BUILDING DEPARTMENT
1401 W. HERBISON ROAD
DEWITT, MICHIGAN 48820
PHONE: (517) 668-0278
FAX: (517) 669-6496
www.dewitttownship.org

MECHANICAL PERMIT APPLICATION - Residential

Mechanical Permit No. _____ Building Permit No. _____

TYPE OF EQUIPMENT:	PER UNIT	NO.	FEE
Base Permit Fee: (includes one (1) inspection)	50.00 ea.		
Gas/Oil Burning Equipment: (new and/or conversion)	30.00 ea.		
Solid Fuel Equipment: (wood/fireplace stoves and add-on furnaces)	30.00 ea.		
Factory Chimney: (separate installation)	25.00 ea.		
Res. Htg. System: (complete-including duct and pipe)	50.00 ea.		
Duct System: Residential - (complete) Addition to Residential	25.00 ea. 10.00 ea.		
Solar Equip. System: (piping fee included - per each 3 panels or fraction thereof)	20.00/3		
Gas Piping: (each opening - new installations)	6.00 ea.		
Exhaust Fans:	6.00 ea.		
Water Heater:	6.00 ea.		
Humidifiers:	10.00 ea.		
Flue Dampers/Vent Dampers:	6.00 ea.		
Boilers: (under 6 family)	25.00 ea.		
LPG & Fuel Oil Tanks: (piping included)	Above ground Under ground	20.00 ea. 25.00 ea.	
Fire Suppression: (minimum \$20.00)	.75/head		
Central Air Conditioning and Heat Pumps:	30.00 ea.		
Special Inspections: (minimum 1 hour)	50.00/hr.		
Additional, Final & Re-inspections:	50.00 ea.		
Special Letter of Approval:	10.00 ea.		
TOTAL			

DATE: _____

THIS APPLICATION IS FOR:

 (PRINT NAME OF OWNER)

 (JOB SITE - STREET ADDRESS)

 (CITY, STATE AND ZIP CODE)

1. Property Owner's Ph. (____) _____

HOMEOWNER'S AFFIDAVIT:

I hereby certify the work described on this application shall be installed by me in my own single family dwelling in which I am living or about to occupy. All work shall be installed in accordance with applicable codes and shall not be enclosed or covered up or put into use until it has been inspected and approved by the appropriate DeWitt Township inspector. I will cooperate with the Township inspector and assume the responsibility to arrange for all necessary inspections under adopted Township codes.

 (SIGNATURE)

 (DATE)

DESCRIPTION OF WORK:

STATE LAW ACT 53 REQUIRES YOU TO CALL MISS
 DIG
 72 HOURS BEFORE YOU DIG
 1-800-482-7171

CONTRACTOR:		OFFICE NO.:	
CELL NO.:		FAX NO.:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
EMAIL:	STATE LICENSE NO.:	EXP. DATE:	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION:			
WORKERS COMP INS. CARRIER OR REASON FOR EXEMPTION:			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION:			
CONTRACTOR'S SIGNATURE:			