

SAFEbuilt, INC.
 107 S. CAPITAL AVE., P.O. BOX 190, ATHENS, MI 49011
 OFFICE: 269-729-9244 FAX: 269-729-9254
 INSPECTION SCHEDULING: 877-721-9266
 EMAIL: athensmi@safebuilt.com
 WEBSITE: www.cornerstonemi.net
 Authority: 1972 PA 230
 Completion: Mandatory to obtain permit
 Penalty: Permit cannot be issued

Permit # _____
 Fee _____
 Method of Payment _____
 Receipt # _____

**MAKE CHECK PAYABLE TO THE MUNICIPALITY
 IN WHICH YOUR PROJECT IS LOCATED**

RESIDENTIAL MECHANICAL PERMIT APPLICATION

| | | | |
|--|--|---|----------------------------------|
| I. Job Location | | | |
| JOB Address | | Has a building permit been obtained for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required | |
| Name of Owner | | Name of City, Village or Township in which job is located: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF: | County |
| Owner Telephone | | | |
| II. Contractor/Homeowner Information | | | |
| <input type="checkbox"/> Contractor <input type="checkbox"/> Owner | | Contractor License # | Expiration Date |
| Address | | | |
| City | State | Zip | Email |
| Telephone | Work/Cell | | Fax |
| Federal Employer ID # (or reason for exemption) | Workers Comp Ins Carrier (or reason for exemption) | | MESC # (or reason for exemption) |
| III. Type of Job | | | |
| Single Family <input type="checkbox"/> New | | <input type="checkbox"/> Premanuf. Home Setup (State Approved) | |
| <input type="checkbox"/> Alteration | | <input type="checkbox"/> Special Inspection <input type="checkbox"/> HUD Mobile Home Setup | |
| | | <input type="checkbox"/> Accessory Building | |
| | | <input type="checkbox"/> Other | |
| IV. Plan Review Required | | | |
| See below for plan review requirements before completing this section. | | What is the building size in square footage? _____ | |
| Have plans been submitted? _____yes _____no _____not required | | What is the input rating of the heating system in this building? _____ | |
| Plans are required for all building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to Act No. 299 of the Public Acts of 1980, as amended, and shall bear that architect's or engineer's signature and seal, except: | | | |
| <ol style="list-style-type: none"> 1. One and two family dwellings when the total building heating/cooling system input rating is 375,000 BTU's or less 2. Alterations and repair work determined by the mechanical official to be of a minor nature 3. Business, mercantile, and storage buildings having HVAC equipment only, with one fire area and not more than 3,500 square feet 4. Work completed by a governmental subdivision or state agency costing less than \$15,000 | | | |
| V. Signature | | | |
| 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 subject to civil fines. | | | |
| Signature of Contractor or Homeowner (Homeowner signature indicates compliance with Section VI, Homeowner Affidavit) | | | Date |
| VI. 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. | | | |

RESIDENTIAL MECHANICAL PERMIT FEE & ITEMIZATION GRID

Permit fee is based upon the number of inspections required (\$73.00 per inspection)

Multiply Number of **Inspections** from Grid Below ___ x \$73.00/each = _____ (Total Permit Fee)

PLEASE USE THE GRID BELOW TO ITEMIZE THE JOB - ITEMIZATION IS REQUIRED

| | QTY | | QTY |
|--|-----|--|-----|
| RESIDENTIAL HEATING SYSTEMS | | PIPING | |
| GAS BURNING EQUIPMENT | | FUEL GAS PIPING | |
| OIL BURNING EQUIPMENT | | HEAT PUMP UNDRGRND PIPING (REQ'D PRESS. TEST) | |
| SOLID FUEL EQUIPMENT INDOORS | | HYDRONIC PIPING | |
| SOLID FUEL EQUIPMENT OUTDOORS | | ALL GAS PIPING; # OF OPENINGS | |
| BOILER | | AIR HANDLER | |
| GAS BURNING FIREPLACE | | FIRE SUPPRESSION (Sprinkler System) | |
| HEAT PUMP/GEOTHERMAL | | UNIT VENTILATORS/PTAC UNITS | |
| UNIT HEATER | | GENERATOR | |
| DUCT WORK | | TYPE OF FUEL (MARK ALL THAT APPLY) | |
| WATER HEATER | | PROPANE | |
| SOLAR; SET OF 3 PANELS-FLUID TRANSFER | | NATURAL GAS | |
| (INCLUDES PIPING) | | FUEL OIL | |
| AIR CONDITIONING REPLACEMENT | | WOOD | |
| AIR CONDITIONING NEW | | PELLETS (CORN/WOOD ETC.) | |
| VENTING | | MISC. (INDICATE BELOW ITEM(S) BEING INSTALLED) | |
| CLASS A & B VENT | | | |
| DRYER VENT | | | |
| BATH EXHAUST | | INSPECTIONS (Add QTY column & transfer # above) | |
| KITCHEN EXHAUST | | CERTIFICATION (Gas, HP, Pressure Test or Fire Supp.) | |
| CHIMNEY LINER | | UNDERGROUND | |
| PROPANE TANKS | | ROUGH-IN | |
| TEMP. ON-GROUND CONNECTION (2 INSP. REQ'D) | | SPECIAL/SAFETY INSPECTION | |
| ABOVE GROUND TANK (OPEN TRENCH) | | ADDITIONAL INSPECTION | |
| UNDERGROUND TANK (REQ'D UNDRGRND + FINAL) | | FINAL | |
| HUMIDIFIERS | | MISC. | |
| AIR CLEANERS | | OTHER – INDICATE HERE: _____ | |

THIS APPLICATION IS FOR RESIDENTIAL MECHANICAL PROJECTS

ISSUED PERMITS EXPIRE 180 DAYS FROM THE ISSUED DATE. NO REFUNDS WILL BE GIVEN FOR EXPIRED PERMITS. AN ADMINISTRATIVE FEE OF \$73.00 WILL BE RETAINED FOR CANCELED/TERMINATED PERMITS OR APPLICATIONS.

WORK THAT IS STARTED WITHOUT A PERMIT MAY BE SUBJECT TO A \$73.00 VIOLATION FEE IN ADDITION TO THE REQUIRED PERMIT FEE

REINSPECTIONS OF DOCUMENTED CODE VIOLATIONS ARE SUBJECT TO A \$73.00 REINSPECTION FEE - PAYABLE PRIOR TO SCHEDULING THE REINSPECTION

MAKE CHECK PAYABLE TO THE MUNICIPALITY IN WHICH YOUR PROJECT IS LOCATED

RETURNED CHECKS ARE SUBJECT TO FEES IN ACCORDANCE WITH THE APPROPRIATE MUNICIPALITY'S RETURNED CHECK POLICY.

This Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.