

CITY OF HUNTINGTON WOODS, MICHIGAN
Application for Plumbing Permit
(248) 541-4300 (248) 541-3412-fax
INSPECTIONS ON Mon. & Wed. 9:00-11:00 A.M.

Name of Property Owner _____

Address of Property Owner _____

Property Owner Phone Number: _____ - _____

Equipment Description: _____

Installation Date _____

*** (MINIMUM PERMIT FEE \$65.00)***

<u>Qty</u>		<u>Each</u>	<u>Total</u>	<u>Qty</u>		<u>Each</u>	<u>Total</u>
()	A/C Unit	\$25.00	_____	()	Backflow Prev	\$20.00	_____
()	Bath Tub/Sink	\$20.00	_____	()	Dishwasher	\$20.00	_____
()	Drinking Fountain	\$20.00	_____	()	Floor Drain Head	\$20.00	_____
()	Garbage Disposal	\$20.00	_____	()	Hbib/Hum/Icemkr	\$20.00	_____
()	Inside Drain	\$20.00	_____	()	Laundry	\$20.00	_____
()	Sewer 4" (inside)	\$70.00	_____	()	Sewer 6" (inside)	\$90.00	_____
()	Shower Trap	\$20.00	_____	()	Sink (not bath)	\$20.00	_____
()	Sump and Pump	\$20.00	_____	()	Stack	\$20.00	_____
()	Water Distribution	\$20.00	_____	()	Toilet/Urinal	\$20.00	_____
()	Water Tank:			()	Water Trtment Dev	\$20.00	_____
	--New (or)	\$20.00	_____	()	Other not on list	\$20.00	_____
	--Replacement	\$20.00	_____	(1)	Processing Fee	\$25.00	<u>\$25.00</u>

FIELD VERIFICATION MAY BE REQUIRED **** TOTAL **** \$ _____

Business Name _____

Business Address _____

Business Phone: () _____ - _____ Contractor's License # _____

No system is to be installed until approved copy of this permit is returned to the contractor.

Signature of Applicant _____

Date _____

It is understood by the undersigned that if permission is granted for this installation, all requirements of the above mentioned Ordinance will be complied with.

Approved _____
 (Date)

Not Approved _____
 (Date)

Inspector _____