



Commercial Plumbing Permit Application

Marathon Township Building Department – 4575 Pine St. PO Box 457 Columbiaville, MI 48421 – Phone: 810.793.2002 – Fax: 810.793.8844 – www.marathontownship.com

JOB SITE INFORMATION

Job Site _____ N S E W Side of Road
Cross Roads _____ and _____

APPLICANT INFORMATION

Contractor Name _____ Phone(____) _____ D.O.B or Dri. Lic. # _____
Address _____ City _____ State _____ ZIP _____
State License # _____ Federal I.D # _____ MESC# _____ Workmans/Carrier _____
Name of General Contractor on Job Site (if different from above) _____

Contractor Affidavit: I hereby certify that the proposed work is authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of the State of Michigan and the local jurisdiction. All information on this application is accurate to the best of my knowledge. Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972 being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of the 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.

Contractor's Signature _____ Date _____

JOB INFORMATION

Business Name: _____ Property Owner Name: _____
Job Is: ☐ New ☐ Addition ☐ Alter/Repair ☐ Code Compliance ☐ Other _____
Or Only Installing : ☐ Water Lines ☐ Storm Lines ☐ Sanitary Lines ☐ Other _____

Commercial Base Fee..... \$ 130

ENTER NUMBER OF ITEMS TO BE INSTALLED & ENTER TOTAL

_____ # Fixtures, Water Connected Appliances _____ # Water Distribution System Size: _____
_____ # Connection to Building – Drains, Sewers _____ # Sub-soil, Floor Drains
_____ # Stacks – Soil, Waste, Vent, or Combined _____ # Thrust Blocks
_____ # Medical Gas Piping: # of ft X \$.10 per foot = _____

Enter Total (Total # of Items _____ X\$8.00 plus gas pipe total) =\$

INDOOR/OUTDOOR ITEMS – ENTER NUMBER OF ITEMS TO BE INSTALLED & ENTER TOTAL

_____ # Back-Flow Preventers _____ # Sumps, Ejectors, Manholes
_____ # Catch Basins _____ # Water Hydrants
_____ # Oil Interceptors

Enter Total (Total # of Items _____ x\$40.00) =\$

OUTDOOR LINES/DRAINS – MULTIPLY & ENTER TOTAL

Water Lines	Sanitary Sewer Lines	
# _____ feet X \$.50 each	# _____ feet X \$.50 each	Total: \$ _____
Storm Sewer Lines	Trench Drains	
# _____ feet X \$.50 each	# _____ feet X \$.50 each	Total: \$ _____

☐ Common Corridor Facilities @ \$130.00 flat fee \$ _____
(plus \$15.00 per required inspection per unit – service, rough, final)..... \$ _____
☐ Plan Review @ \$85.00 per hour (1 hour minimum)..... \$ _____
☐ Additional Code Compliance Inspections requested _____ x \$85.00..... \$ _____

DO NOT WRITE BELOW THIS LINE --- TOWNSHIP USE ONLY

TOTAL OF ALL SECTIONS ABOVE.....\$ _____
☐ Annual License Registration Fee (\$15.00)\$ _____
☐ Administration Fee Charged.....\$ _____
TOTAL PERMIT FEE.....\$ _____



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