

PLUMBING PERMIT

DATE _____

COMPANY _____
 PLUMBER _____ PLUMBERS LICENSE No. _____
 LOCATION _____
 OWNER _____
 KIND OF BUILDING _____ USED AS _____

Service Line Material Type: (Please check all that apply)

Lead Unknown Copper – Lead Solder Galvanized Unknown – Not Lead
 Copper – No Lead Solder Cast/Ductile Iron or Transite Plastic

TYPE	NUMBER	FEE	TOTAL
PLUMBING ROUGH-IN INSPECTION		\$5.00 ea.	
DRINKING FOUNTAINS		\$6.00 ea.	
KITCHEN SINKS		"	
SCULLERY SINKS		"	
MOP SINKS		"	
BATHTUBS		"	
WATER CLOSET		"	
SHOWERS		"	
LAVATORY		"	
URINAL		"	
FLOOR DRAINS		"	
WATER HEATER		"	
LAUNDRY TRAY		"	
DISHWASHING MACHINE		"	
GREASE TRAP		"	
GARBAGE DISPOSAL		"	
WASHING MACHINE		"	
SEWAGE EJECTOR		"	
SUMP PUMP		"	
PUMPS		"	
SPECIAL WASTES		"	
MISCELLANEOUS FIXTURES		"	

SEWER and/or WATER TAP—FEES ARE PAYABLE TO THE MACOMB CITY CLERKS OFFICE--

TOTAL \$ _____

Ready for inspection on _____ or will contact Building Inspector later _____.
 (date)

Applicant certifies that all information given is correct and that all pertinent city Ordinances will be complied with in performing the work for which this permit is issued.

 Signature of Applicant _____
 Building Inspector