## APPLICATION FOR MECHANICAL PERMIT SAGINAW CHIPPEWA INDIAN TRIBE **OFFICE of TRIBAL CODE ENFORCEMENT**

7500 Soaring Eagle Boulevard Mt. Pleasant, MI 48858

Phone: (989) 775-4014

TYPE OF JOB:

□ NEW

REMODEL Description of work:

COMMERCIAL RESIDENTIAL

COST NO. FEE BASE FEE (INSPECTION NOT INCLUDED) \$22 1 22.00 Heat System \$25 Gas Oil HVAC \_\_\_\_\_Heat Pump \_\_\_Solid Fuel \$20 Fireplace and vent Chimney (factory Built) Chimney re-lining, B Vent \$19 Dampers (flue, vent, fire) \$5 Duct Systems/Hydronic piping \$19 Bath/Kitchen Fans (under 1000 CFM) \$5 \$20 Central A/C, Split Refrigeration, Evap. Cooling Water Heater & Vent \$20 \$5 Gas Piping (each outlet) Infrared/Terminal Unit Heaters \$15 Air Handling (1000 to 10,000 CFM \$15 Air Handling (over 10,000 CFM) \$45 Tanks (LPG/Fuel Oil) includes piping to bldg. entry \$15 Humidifiers, Heat Recovery, VAV Box, Unit Venti-\$8 lators Commercial Hoods \$15 Chillers/Cooling Towers/Compressors \$23 Fire Suppression \$.50/head (minimum \$15) NOTE: All fire suppression plans & specs must be sent to the Tribal Fire Dept. for approval prior to starting work \* Additional Inspections \$22 **Final Inspection** \$22 22.00 \$30 Mobile/Modular TOTAL \$

## OFFICE USE ONLY

Permit No.: \_\_\_\_\_

Date:

This application shall become incorporated as part of the permit issued and only authorizes the items of work as herein applied for.

Please fill out application completely, incomplete applications may be returned.

## APPLICATION FOR:

AITLICATION FOR.
Homeowner
Job Site Address
City/State/Zip
Telephone #
Mailing Address
City/State/Zip
APPLICATION BY:
Contractor
Business Address
City/State/Zip
State License #
Expiration Date
Worker Disability/Comp Ins. Co
Employer ID #
MESC Employer #

Telephone #

Cell #

Signature

(Contractor, Homeowner\*\*)

\*\*NOTE: Homeowner by signing above you swear that you are personally doing the work as stated on this application. You agree that you will do the work in accordance with any and all applicable codes, laws and ordinances and will obtain approval from the Building Inspection Department for your completed work.

## WORK MUST BE INSPECTED BEFORE COVERED

\*Please indicate the number of additional inspections anticipated for this project along with the appropriate fee amounts.