

Jurisdiction of  
City of Coopersville

# PLUMBING APPLICATION

Make checks payable to  
**City of Coopersville**  
1913 Baldwin  
Jenison, MI 49428  
(616) 667-8803  
Fax (616) 667-8869  
www.pcimi.com

TYPE OF JOB:

COMMERCIAL: NEW  REMODEL   
RESIDENTIAL: NEW  REMODEL

PERMIT  
NUMBER: \_\_\_\_\_

BP# \_\_\_\_\_

DATE \_\_\_\_\_

PLUMBING PERMIT FEE SCHEDULE	Per Unit	Number	Fee
Underground Inspection	50.00		
Rough-in Inspection	50.00		
Final Inspections	50.00		
Re-inspections	50.00		
Additional Inspection	50.00		
Inspection, hourly rate	50.00		
Inspections not requiring a permit	75.00		
Fixtures Each	5.00		
Stacks, vents and roof conductors	5.00		
Sewers each (city sewer)	10.00		
Subsoil drains, each	5.00		
Water services each, (city water)	10.00		
Utility holes, catch basin, each	5.00		
Sewage sumps, sewage ejectors, each	5.00		
Water distributing pipe (system)			
Up to one inch	5.00		
Over one inch	20.00		

Reduced pressure zone backflow preventer each	5.00		
Water connected appliances, equipment and devices, each	5.00		
All drains and traps, each	2.00		
Laboratory, hospital, clinic fixtures, equipment devices, each	2.00		
Pre-Manufactured Dwelling w/o Basement	40.00		
Medical Gas Piping (includes certificate)	20.00 per opening		
Water heater "replacement only" (includes one inspection)	15.00		
If work is started before permit is applied for, an additional fee will be charged.		TOTAL FEE	

\_\_\_\_\_  
(Job Location)

\_\_\_\_\_  
(Print Name of owner or agent)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (Twp.)

\_\_\_\_\_  
(Ph. No.) (Fax No.)

CONTRACTOR		EMAIL	
NAME		TELEPHONE NO.	FAX NO.
ADDRESS		CITY	STATE ZIP CODE
MASTERS LICENSE NO.		CONTRACTORS LICENSE NO.	EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			SELF EMPLOYED <input type="checkbox"/> NO EMPLOYEES
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			SELF EMPLOYED <input type="checkbox"/> NO EMPLOYEES
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			SELF EMPLOYED <input type="checkbox"/> NO EMPLOYEES

**THIS IS YOUR PERMIT WHEN APPROVED BY ADMINISTRATIVE AUTHORITY**

Inspectors Validation Signature \_\_\_\_\_ Date \_\_\_\_\_

HOMEOWNERS AFFIDAVIT

I hereby certify the plumbing work described on this permit application shall be installed by myself in my single family dwelling in which I am living or about to occupy. All work shall be installed in accordance with the Local Plumbing Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Plumbing Inspector. I will cooperate with the Plumbing Inspector and assume responsibility to arrange for necessary inspections.

**Section 23a of the state construction codes acts 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 residential building or residential structure. Violators of Section 23a are subject to civil fines.**

\_\_\_\_\_  
Signature of Licensee or Homeowner

\_\_\_\_\_  
Printed Name of Licensee or Homeowner

Keep pink copy. Return other copies with payment.