



CITY OF CORUNNA
 402 N. SHIAWASSEE ST.
 CORUNNA, MI 48817
 PHONE: (989) 743-3650 EXT. 1
 FAX: (989) 743-4417

****For inspections please call
 Bob Delany (989) 666-7031****

DATE: _____
 PERMIT #: _____
 RECEIPT #: _____

MECHANICAL PERMIT APPLICATION

Work started without a permit is a violation of city ordinance . Failure to obtain a permit will result in double permit fees being charged as per state law.

NEW CONST _____ ADDITION _____ ALTER/REPAIR _____ FURNACE ONLY _____ A/C ONLY _____ BOILER ONLY _____
 PRE-MFD/MOD _____ HUD/MFD/DW _____ SW OR IN A PARK _____ ACC BLDG _____ L/P ONLY _____

DO NOT START WORK BEFORE PERMIT IS ISSUED

Incomplete applications will be rejected

Name of Owner:
Address of Job:
Parcel Number:

CONTRACTOR/HOMEOWNER INFORMATION

Applicant:	
Address:	
City/State/Zip:	
Telephone Number (with area code)	
Homeowner:	Contractor:
Federal Employer Identification Number:	
Drivers License Number:	
Workers Compensation/Disability Insurance Carrier:	
M.E.S.C. Employer Number:	
Builder's License Number:	
Expiration Date:	

Description of Work: _____

BUILDING DIMENSIONS (Measured in Sq. Feet)	
Dwelling: 1st floor _____	2nd floor _____
Att. Garage _____	Acc. Bldg. _____
BUILDING TYPE	
<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry
<input type="checkbox"/> Pole	<input type="checkbox"/> Structured Steel
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other _____
FOUNDATION	
<input type="checkbox"/> Block	<input type="checkbox"/> Poured Wall
<input type="checkbox"/> Wood	<input type="checkbox"/> Trenched Footing
<input type="checkbox"/> Ratwall	<input type="checkbox"/> Other _____
Please check one and include dimensions:	
<input type="checkbox"/> Walkout _____ x _____	<input type="checkbox"/> Reg./Unfin. _____ x _____
<input type="checkbox"/> Reg./Fin. _____ x _____	<input type="checkbox"/> Crawlspace _____ x _____
NUMBER OF ROOMS	
# of rooms (excluding bathrooms) _____	
# of bathrooms _____	# of bedrooms _____
BASEMENT (please note size)	
_____ x _____	

PLAN REVIEW REQUIRED

A plan review may be required before work is started. Only homes under 3,500 square feet are exempt from plan review.

Have you submitted a plan? Yes No

HOMEOWNERS AFFIDAVIT: I hereby certify that the mechanical work described above shall be installed by myself in my single family dwelling in which I live or am about to occupy. All work shall be installed in accordance with the Michigan State Mechanical Code and will not be covered, enclosed or put into service until it has been inspected and approved by a city inspector. I will cooperate with the city and assume all responsibility to arrange for and obtain all necessary inspections. SECTION 23a of the State Construction Codes Act of 1972, Act No. 230 of Public Acts of 1972, being Section 125.1523a of Michigan Compiled Laws, prohibit a person from conspiring to circumvent the licensing requirements of this State relating to persons who perform work on, or construction of residential buildings.

VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.

EXPIRATION OF PERMIT: A permit remains valid up to one year as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after the issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A permit will be cancelled when no inspections are requested and conducted within six months of the date of

PERMIT FEES	COST	NO. UNITS	TOTAL
Application Fee (non-refundable)	\$50.00	1	\$50.00
Underground Inspection	\$70.00		
Rough Inspection	\$70.00		
Final Inspection	\$70.00		
Re-Inspection (ea.)	\$70.00		
Burners Under 400,000 BTU's	\$50.00		
Over 400,000 BTU's	\$50.00		
Solid Fuel Equipment/Water Heater	\$40.00		
Combined Fuel Furnaces	\$40.00		
AIR CONDITIONING, REFRIGERATION AND HEAT PUMPS			
Air Conditioning Units - 1 .1/2 to 15	\$30.00		
15 to 50 HP	\$35.00		
Over 50 HP	\$40.00		
Centrifugal/Absorption Units/Chiller	\$35.00		
Cooling Towers w/Reservoirs	\$50.00		
Evaporating Coils	\$35.00		
Heat Pumps	\$35.00		
REFRIGERATOR SYSTEMS			
Self Contained Units	\$25.00		
Under 5 HP (Split System)	\$30.00		
Over HP (Split System)	\$45.00		
AIR HANDLERS, SELF CONTAINED UNITS			
Under 1,500 CFM	\$20.00		
Over 1,500 CFM	\$45.00		
DEDICATED VENT SYSTEMS			
All fuel Chimney	\$20.00		
Class "B" Vent	\$15.00		
Exhaust Fan - Kit., Bath, Etc.	\$10.00		
Clothes Dryer	\$10.00		
HEATERS - GAS FIRED, STEAM/HOT WATER			
Unit Heater - Boiler	\$40.00		
Infra-Red Heaters	\$40.00		
Pool Heaters	\$40.00		
DUCT, GAS PIPING & FIRE SUPPRESSION SYS., Based on Bldg.			
Duct System Under \$2,000.00	\$20.00		
Each additional \$2,000.00	\$5.00		
Duct, Underground Per inspection	\$40.00		
Gas Piping/Main Lines per 100 ft.	\$20.00		
Each Branch Opening	\$5.00		
Hyrdonic/Process-Piping Main Line	\$10.00		
Line Per 100 Feet	\$20.00		
FIRE SUPPRESSION SYSTEM			
Single Head Installation	\$35.00		
Under \$2,000.00	\$40.00		
Each Additional \$1,000.00	\$5.00		
MISCELLANEOUS			
Humidifiers	\$10.00		
Electronic Air Cleaner with Washer	\$10.00		
Energy Conservation Device	\$10.00		
Water Heater-Gas, Elect., or Oil Fired	\$10.00		
LPG/Fuel Oil Main Line	\$40.00		
Each Additional Underground Line	\$10.00		
Additional/Safety Inspection (ea.)	\$50.00		
Plan Review - \$100.00 (1st hr.)(\$75.00 per hour after)	\$100.00		
Contractor Registration Fee	\$25.00		
TOTAL FEE TO BE PAID (CALCULATED BY STAFF) \$	_____		

issuance or the date of a previous inspection. Cancelled permits cannot be reinstated.

OR

(Homeowners Signature)

(DATE)

(Contractors Signature)

APPROVED _____

DATE _____