

# RESIDENTIAL MECHANICAL PERMIT

CITY OF LESLIE  
BUILDING DEPARTMENT  
602 W Bellevue  
P.O. Box 496  
Leslie, MI 49251  
269-629-0600  
800-627-2801

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CITY OF LESLIE

Permit # : \_\_\_\_\_

Job Location: \_\_\_\_\_ Property Tax No: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Owners Email: \_\_\_\_\_

Which side of the road: ☐ North ☐ South ☐ East ☐ West

Between (closest roads) \_\_\_\_\_ & \_\_\_\_\_

## Fee Schedule

No.

	ITEMIZATION	xxx.	
<input type="checkbox"/> Single Inspection \$77.00	Gas/Oil burning equipment-- new and or conversion units		
<input type="checkbox"/> Special/Safety Inspection \$77.00	Chimney, factory built (Class A)		
<input type="checkbox"/> Addition Remodel \$160.00 (Two inspections)	Duct System/Hydroponic Piping		
<input type="checkbox"/> Addition Remodel w/ Underground (Three inspections) \$215.00	Solar Equipment System and Piping System		
<input type="checkbox"/> New Residence (Three Inspections) \$215.00	Gas Piping (New Installation)		
	Exhaust Fan/Power Exhaust		
	Flue Damper/vent damper		
	L.P.G. & Fuel oil tanks, piping fee included		
	Central Air Conditioning and Heat Pump		
	Solid Fuel Burning Equipment		

If a dwelling unit is 3,500 square feet or greater plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued.

Plans are not required for the following:

1. One-and two-family dwellings when the total building heating/cooling system input rating is 375,000 Btu's or less.
2. Alterations and repair work determined by the mechanical official to be of a minor nature.

If work being performed is described above, check box "Plans Not Required."

Plans Not Required

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All projects that require plan review will be assessed a plan review fee.

COST OF PERMIT: \$ \_\_\_\_\_

Make checks payable to

CITY OF LESLIE

Building Dept. Approval

By: \_\_\_\_\_

Description of work:

Additional Notes:

# RESIDENTIAL MECHANICAL PERMIT

Contractor Name:		Phone #		Fax #	
Address		City		State	Zip
Federal I.D. No/Social Security No.		MESC Employer No:			
Contractor License No.		Exp. Date		Worker's Compensation Insurance Carrier	
Name of Master Mechanical Contractor		Master License No.		Exp. Date	
Master Mechanical Contractor Business Address		City		State	Zip
If exempt from any of the above, explain here:		Email: <b>(REQUIRED)</b>			
<b>Section 23A of the state construction code act of 1972, MCL 125.1523A, 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 23 A are subjected to civil fines.</b>					

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I am/will be the owner and occupant of the premises on which the described Installation is proposed and will be doing the proposed work myself. I will not allow anyone to do any work.

**Expiration of Permit:** A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED.**

## HOME OWNERS AFFIDAVIT and SIGNATURE

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## AGENT/CONTRACTOR'S AFFIDAVIT and SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_