



# Plumbing Permit Application

All applicable information must be provided.

City of Port Huron  
100 McMorran Boulevard  
Port Huron, MI 48060  
Phone: (810) 984-9733  
www.porthuron.org

<b>Job Location Address:</b>	<b>Property ID #: 74-06-</b> _____ - _____ - _____
Has building permit been obtained: ___ No ___ Yes ___ N/A	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential

**Identification – Owner or Lessee**

Name	Address	
City	State	Zip
Telephone Number (include area code)	Email	

**Licensed Plumbing Contractor** (Provide state ID and Electrical Contractor License to clerk. If contractor registration is needed, please complete the separate form and turn in with this application).

Name	Address	
City	State	Zip
Telephone Number (include area code)	Email	
Federal Employer ID Number		
License Number	Expiration Date	

**Master Plumber** (Provide state ID and Master Electrical License to clerk. If contractor registration is needed, please complete the separate form and turn in with this application).

Name	Address	
City	State	Zip
Telephone Number (include area code)	Email	
License Number	Expiration Date	

**Description of work being completed**

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Section 23a of the State of Construction Code Act, P.A. 230 of 1972, MCL 125.1523a, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform on a residential building or a residential structure. Violators of Section 23a are subject to civil fines. I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby certify the plumbing work on this permit application shall be installed **by myself in my own home** in which I am living or about to occupy. All work shall be installed accordance with the State 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 the responsibility to arrange for necessary inspections.

**Signature of Home Owner** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment:** Cash \_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_ **Receipt Number:** \_\_\_\_\_

**Permit Number:** PP 18 -- \_\_\_\_\_ **Processed By:** \_\_\_\_\_



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### Permit Fees

Items, quantities and inspections that are overlooked, unforeseen, or omitted from the original permit application will be billed to the permit holder. These additional fees must be paid prior to a final inspection being conducted. Plumbing work shall not be started until the application for permit has been filed with the City of Port Huron Building Inspection Division. All installations shall be in conformance with the State Plumbing Code. **No work shall be concealed until it has been inspected.**

Application Fee (Non-Refundable)	\$60	1	\$60	¾ " Water Distribution Pipe	\$10		
Mobile Home Park Site – Each (See note below)	\$15			1" Water Distribution Pipe	\$15		
Stacks (soil, waste, vent and conductor) – Each	\$5			1-1/4" Water Distribution Pipe	\$20		
Sewage ejectors, sumps – Each Sub-soil drains – Each	\$10			1-1/2" Water Distribution Pipe	\$25		
Water Service – Less than 2"	\$10			2" Water Distribution Pipe	\$30		
Water Service – 2" – 6"	\$30			Over 2" Water Distribution Pipe	\$35		
Water Service Over 6"	\$55			Reduce Pressure Zone / Back Flow Preventer - Each	\$10		
Connection – Building Drain – Building Sewers	\$10			Underground Plumbing Inspection	\$50		
Sewers - Less than 6" (Sanitary, storm, or combined)	\$10			Special / Safety Inspection (includes certification fee)	\$55		
Sewers – 6" and Over (Sanitary, storm, or combined)	\$30			Rough / Additional Inspection / Underground plumbing inspection	\$50		
Manholes, catch basins - Each	\$10			<b>Final Inspection (Non-Refundable)</b>	\$50	1	\$50
Water Connected Appliances – Each (Mark all that apply in table below)	\$10			Plan Review / Hourly Rate	\$60		
Medical Gas System	\$55			Certification Fee / License Registration Fee	\$25		
Domestic Water Treatment and Filtering Equipment Only – Each (See note below)	\$5			Penalty Fee – started work before permit issued (double the permit fee; fine not to exceed \$5,000. Repeat offenders may also be issued citation for court action).			
Fixtures, Floor drains, Special Drains, – Each (Mark all that apply in table below)	\$10			<b>Total Fees Due:</b> Make checks payable to "City of Port Huron"	\$		

**Mark off each item that is being installed. For each item, mark that on "Fixtures".**

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|--|--|--|--|--|
| <input type="checkbox"/> Water Closets | <input type="checkbox"/> Sink (Any)            | <input type="checkbox"/> Bidet             | <input type="checkbox"/> Washing Machine   | <input type="checkbox"/> Starch Trap   |
| <input type="checkbox"/> Bathtub       | <input type="checkbox"/> Emergency Eye Wash    | <input type="checkbox"/> Cuspidor          | <input type="checkbox"/> Aside Waste Drain | <input type="checkbox"/> Plaster Trap  |
| <input type="checkbox"/> Lavatories    | <input type="checkbox"/> Emergency Shower      | <input type="checkbox"/> Dishwasher        | <input type="checkbox"/> Embalming Table   | <input type="checkbox"/> Water Softener  |
| <input type="checkbox"/> Shower Stall  | <input type="checkbox"/> Garbage Grinder       | <input type="checkbox"/> Refrigerator      | <input type="checkbox"/> Bed Pan Washer    | <input type="checkbox"/> Connect to Sprinkler System                                       |
| <input type="checkbox"/> Laundry Tray  | <input type="checkbox"/> Water Outlet Cooler   | <input type="checkbox"/> Water Heater      | <input type="checkbox"/> Floor Drain       | <input type="checkbox"/> Water Connected Sterilizer  |
| <input type="checkbox"/> Urinal        | <input type="checkbox"/> Ice Making Machine    | <input type="checkbox"/> Drinking Fountain | <input type="checkbox"/> Roof Drain        | <input type="checkbox"/> Water Connected Dental Chair                                      |
| <input type="checkbox"/> Autopsy       | <input type="checkbox"/> Water Connected Still | <input type="checkbox"/> Condensate Drain  | <input type="checkbox"/> Grease Trap       | <input type="checkbox"/> Water Outlet/Makeup Water Tank/Connect to Heating System, Filters |

**Domestic Water Treatment & Filtering Equipment:** A license is not required for the installation of domestic water treatment and filtering equipment that requires modification to any existing cold water distribution supply and associated water piping in buildings if a permit is secured, required inspections performed, and the installation complies with the applicable code. If the enforcing agency determines a violation exists, it shall be corrected by the responsible installer. The permit application shall include the application fee, the number of water treatment devices recorded, and the appropriate water distribution pipe (system) size fee.

**Medical Gas Systems:** Shall include the application fee, one medical gas system inspection and the estimated number of additional inspections.

**Mobile Home Site:** When item is used for sewer excavation in a new park, the permit application should include the application fee plus the number of unit sites. When setting a mobile home in a park, or a mobile or modular home on private property, a permit should include the application fee, a sewer or building drain, and a water service or water distribution pipe.