

**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                                      COMMERCIAL  
REMODEL                               RESIDENTIAL

Description of work: \_\_\_\_\_

	COST	NO.	FEE
<b>BASE FEE (INSPECTION <u>NOT</u> INCLUDED)</b>			
Heat System (check all applicable) Gas    Oil    HVAC    Heat Pump    Solid Fuel			
Fireplace and vent			
Chimney (factory Built) Chimney re-lining, B Vent			
Dampers (flue, vent, fire)			
Duct Systems/Hydronic piping			
Bath/Kitchen Fans (under 1000 CFM)			
Central A/C, Split Refrigeration, Evap. Cooling			
Water Heater & Vent			
Gas Piping (each outlet)			
Infrared/Terminal Unit Heaters			
Air Handling (1000 to 10,000 CFM)			
Air Handling (over 10,000 CFM)			
Tanks (LPG/Fuel Oil) includes piping to bldg. entry			
Humidifiers, Heat Recovery, VAV Box, Unit Ven-tilators			
Commercial Hoods			
Chillers/Cooling Towers/Compressors			
Boiler Low Pressure			
Boiler High Pressure			
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			
Mobile or Modular Home			
Underground Inspections			
Rough Inspection			
<b>Final Inspection</b>			
<b>* Additional Inspections</b>			
Hourly inspection rate for items not specified			
Special Inspection (Property sale, insurance, etc.)			
Special Inspection Follow-Up			
TOTAL Auto - Calculated			
Additions			
Total with Additions (if applicable)			

**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.

PROPERTY TAX ID #:

Township \_\_\_\_\_ Section \_\_\_\_\_

Directions \_\_\_\_\_

**APPLICATION FOR:**

Owner of Property \_\_\_\_\_

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 # \_\_\_\_\_

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.

**APPENDIX A**  
**ORDINANCE NO. 1**  
**TRIBAL BUILDING CODE**  
**Rev. 2023**

**WORK MUST BE INSPECTED BEFORE COVERED**

**TOTAL PERMIT FEE MAY BE DOUBLED IF WORK IS  
STARTED BEFORE PERMIT IS ISSUED.**

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