

**APPLICATION FOR PLUMBING 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

REMODEL

COMMERCIAL

RESIDENTIAL

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

	COST	NO.	FEE
<b>BASE FEE (INSPECTION <u>NOT</u> INCLUDED)</b>			
Fixtures			
Stacks (soil, waste, vents & conductors)			
Sewers (sanitary, storm, or combined)			
Connection building drain to building sewer			
Drains, manholes & catch basins			
Mobile or Modular Homes			
Sewage sumps – Sewer ejectors			
Water distributing pipe (system)			
Water connected appliance – equipment – devices			
Floor drains – special drains – traps			
Lab – fixtures & devices			
Water service			
Underground Inspection			
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			
<b>NOTE: Must obtain permit from Saginaw Chippewa Utilities Department to hook up to tribal sewer, storm sewer, water systems. (989) 775-5231</b>			
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.

**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.**

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