

CHINA TOWNSHIP

4560 Indian Trail, China, MI 48054



810-765-1145 Office
810-765-4080 Fax
www.chinatownship.net

MECHANICAL PERMIT APPLICATION

Permit # _____

I. JOB LOCATION

This form is to be printed, filled out, and brought into the Township.

Name of Homeowner	Has a building permit been obtained for this project? Yes _____ No _____ Not required _____ Permit # _____
Street Address & Job Location (Street No. & Name)	City/Township/County

II. CONTRACTOR/HOMEOWNER INFORMATION

Contractor _____ Name	State Contractor's Lic. No.	Expiration Date
Homeowner _____		
Address (Street No. & Name)	City	State & Zip
Telephone No:	Cell or Alternate No:	Notes:

III. TYPE OF JOB: CIRCLE ONE **New** **Alteration** **Repair** **Addition**

Inspection: _____ Ready _____ Not Ready	System: _____ Oil _____ Gas _____ Propane _____ Electric	Project:
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IV. FEE CHART: Please circle one item(s) when multiple items are shown to indicate what you are installing.

ITEM	FEES	QTY.	TOTAL	ITEM	FEES	QTY.	TOTAL
BASE FEE	\$ 75.00	1	75.00	HUMIDIFIERS	\$ 5.00		
GAS/OIL BURNING EQUIPMENT	25.00 EA.			UNIT HEATERS	15.00		
FLUE/DAMPERS	5.00 EA.			WATER HEATERS	5.00		
GAS PIPING (TO 25') OVER 25' ADD .05 PER FT.	25.00 .05/FT.			AIR COND/HEAT PUMP/ REFRIGERATION(to 15HP) OVER 15 HP-----	30.00 60.00		
GAS OUTLETS	5.00 EA.			AIR HANDLER(TO 10K CFM) OVER 10K CFM-----	20.00 60.00		
DUCT WORK (TO 25') OVER 25' ADD .10 PER FT.	25.00 .10/FT.			TANKS - ABOVE GROUND	20.00		
HEAT PUMPS	30.00 EA.			TANKS -BELOW GROUND	30.00		
EXHAUST - KITCHEN & BATH	5.00 EA.			WOOD BURN STOVES/ FIREPLACES/ADD ON FURNACES	15.00		
CHIMNEY LINER	15.00			CONTRACTOR'S REG. Please include copy of Driver's Lic. & Contractor's Lic.	10.00		
COMPRESSOR	30.00			FINAL INSPECTION	35.00		
COOLING TOWERS	30.00			ROUGH/RE-INSPECT.	35.00		
Make checks payable to "China Township"					\$		
Total Fees:							

V. Signature of Licensee or Homeowner

Date: _____

ALL PERMITS EXPIRE TWELVE MONTHS FROM DATE OF ISSUANCE. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.

FOR OFFICE USE ONLY

Date Paid: _____ Check #: _____ Receipt #: _____

Reviewed and approved by: _____ Date: _____