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

OFFICE USE ONLY

Permit No.: _____

Date: _____

TYPE OF JOB:

☐ NEW ☐ COMMERCIAL
☐ REMODEL ☐ RESIDENTIAL

Description of work: _____

_____

	COST	NO.	FEE
BASE FEE (INSPECTION NOT INCLUDED)	**$ 50.00**	**1**	**50.00**
Heat System (check all applicable) ☐ Gas ☐ Oil ☐ HVAC ☐ Heat Pump ☐ Solid Fuel	$ 25.00		$ 0.00
Fireplace and vent	$ 20.00		$ 0.00
Chimney (factory Built) Chimney re-lining, B Vent	$ 19.00		$ 0.00
Dampers (flue, vent, fire)	$ 5.00		$ 0.00
Duct Systems/Hydronic piping	$ 19.00		$ 0.00
Bath/Kitchen Fans (under 1000 CFM)	$ 5.00		$ 0.00
Central A/C, Split Refrigeration, Evap. Cooling	$ 15.00		$ 0.00
Water Heater & Vent	$ 20.00		$ 0.00
Gas Piping (each outlet)	$ 5.00		$ 0.00
Infrared/Terminal Unit Heaters	$ 15.00		$ 0.00
Air Handling (1000 to 10,000 CFM)	$ 15.00		$ 0.00
Air Handling (over 10,000 CFM)	$ 45.00		$ 0.00
Tanks (LPG/Fuel Oil) includes piping to bldg. entry	$ 35.00		$ 0.00
Humidifiers, Heat Recovery, VAV Box, Unit Ventilators	$ 8.00		$ 0.00
Commercial Hoods	$ 15.00		$ 0.00
Chillers/Cooling Towers/Compressors	$ 23.00		$ 0.00
Boiler Low Pressure	$ 75.00		$ 0.00
Boiler High Pressure	$ 150.00		$ 0.00
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	$ 150.00		$ 0.00
Underground Inspections	$ 35.00		$ 0.00
Rough Inspection	$ 35.00		$ 0.00
Final Inspection	**$ 50.00**	**1**	**$ 50.00**
*** Additional Inspections**	$ 35.00		$ 0.00
Hourly inspection rate for items not specified	$ 50.00		$ 0.00
Special Inspection (Property sale, insurance, etc.)	$ 125.00		$ 0.00
Special Inspection Follow-Up	$ 35.00		$ 0.00
TOTAL		**2**	**$ 100**

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 A
ORDINANCE NO. 1
TRIBAL BUILDING CODE
Rev. 2023