

**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
REMODEL

COMMERCIAL
RESIDENTIAL

Description of work: _____

	COST	NO.	FEE
BASE FEE (INSPECTION NOT INCLUDED)			
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 Ventilators			
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			
Final Inspection			
* Additional Inspections			
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.**