

COMMERCIAL MECHANICAL PERMIT

IONIA COUNTY
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Date ____/____/____

IONIA COUNTY

Permit # : _____

Job Location: _____ Property Tax No: _____

Owner: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

Owners Email: _____

Which side of the road: ☐ North ☐ South ☐ East ☐ West

Between (closest roads) _____ & _____

ITEMIZATION

No.

COST OF PERMIT: \$ _____

Make checks payable to

IONIA COUNTY

Building Dept. Approval

By: _____

Plan review, administration base fee and all required and final inspections	xxx.		\$120.00
Gas/Oil burning equipment--			
new and or conversion units		\$36.00 each	
Chimney, factory built (Class A)		\$30.00 each	
Duct System/Hydroponic Piping		\$30.00	
Solar Equipment System and Piping System		\$24.00	
Gas Piping (New Installation)		\$6.00	
Exhaust Fan/Power Exhaust		\$6.00 each	
Flue Damper/vent damper		\$6.00 each	
L.P.G. & Fuel oil tanks, piping fee included		\$24.00 each	
Central Air Conditioning and Heat Pump		\$36.00 each	
Piping systems (incl. process piping) - minimum \$25.00		\$0.06 each	
Air Handlers/Heat Wheels - Under 10,000 CFM		\$24.00 each	
Air Handlers/Heat Wheels - OVER 10,000 CFM		\$18.00 each	
Commercial Hoods		\$72.00 each	
Heat Recovery Units		\$12.00 each	
V.A. V. Boxes		\$12.00 each	
Unit Ventilators		\$12.00 each	
Unit Heaters (terminal units)		\$18.00 each	
Fire Suppression/Protection - minimum \$20.00		\$0.90/head	
Evaporator Coils		\$36.00 each	
Refrigeration (split system)		\$36.00 each	
Chiller		\$36.00 each	
Cooling Towers		\$36.00 each	
Compressor		\$36.00 each	

What is the building size in square footage?

What is the input rating of the heating

system in this building?

Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below. Plans are not required for the following.

1. Alterations and repair work determined by the mechanical official to be of a minor nature.
2. Business, mercantile, and storage buildings having HVAC equipment only, with one fire area and not more than 3,500 square feet.
3. Work completed by a governmental subdivision or state agency costing less than \$15,000.00

If work being performed as described above, check box below "Plans Not Required."

Plans Not Required

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Plans are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature. **All projects that require plan review will be assessed a plan review fee.**

COMMERCIAL MECHANICAL PERMIT

Description of work:	Additional Notes:
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Contractor Name:		Phone #		Fax #	
Address		City		State	Zip
Federal I.D. No/Social Security No.			MESC Employer No:		
Contractor License No.		Exp. Date		Worker's Compensation Insurance Carrier	
Name of Mechanical Contractor			Master License No. Exp. Date		
Mechanical Contractor Business Address		City		State	Zip
If exempt from any of the above, explain here:			Email: (REQUIRED)		
Section 23A of the state construction code act of 1972, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23 A are subjected to civil fines.					

Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED.**

AGENT/CONTRACTOR'S AFFIDAVIT and SIGNATURE

I herby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: _____

Date: _____