

**Springport Township
Plumbing Permit
Application**

**P.O. Box 174
Springport, MI 49284
517-857-2030**

Date: _____ Bldg Permit Number: _____

Contractor License Number: _____ Phone Number: _____

Location: _____

Owner: _____ Phone Number: _____

Kind of Building: _____ Used As: _____

To Be Completed About: _____ Estimated Costs: _____

Old-New Building Number: _____

Type of Equipment	Number
Stacks	
Sinks	
Baths	
Water Closet	
Lavatory	
Tank & Heater	
Laundry Tray	
Water Distibution Systems	
Floor Drains	
Sewage Ejector	
Fountain (Drinking)	
Sump	
Showers	
Urinal	
Catch Basin	
Dishwashing Machine	
Humidifier	
Garbage Grinder	
Washing Machine	
Special Wastes	
Rainwater Leaders	
Miscellaneous Fixtures	

PERMIT AMOUNT: \$ _____

**Make Checks Payable To:
SPRINGPORT TOWNSHIP**

Send To:
Springport Township
P.O. Box 174
Springport, MI 49284

**NOTE:
Permits will NOT be issued
without payment.**

FOR OFFICE USE ONLY:

Date Paid: _____

Check Number: _____

Received By: _____

Notes: _____

Contractors Name & Address: _____

Contractors Phone Number: _____

Ready for Inspection on ____/____/____ or will contact permit clerk later _____.

Applicant signatures certifies that all information given is true, and correct: _____.