Replacement Water Heater Permit Application

City of Wixom 49045 Pontiac Trail, Wixom MI 48393 P: (248)-624-0880 F: (248)-624-0867



Email: buildingadmin@wixomgov.org

www.wixomgov.org

SINGLE-FAMILY DWELLINGS ONLY

Permit#_____ Date of Application_____

I. PROJECT OR FACILITY INFORMATION Name of Owner/Agent CHECK ALL DISCIPLINES THAT REQUIRE DIRECT REPLACEMENT CONNECTIONS						CONNECTIONS	
Name of Owner/Agent							
Street Address and Job Location (Street Number & Name)			Electrical	□Mechanical			
Street Address and Job Location	(Street Nu	mber & Name)					
II. APPLICANT/FACILITY CONTA	CT INFORM	IATION					
INDICATE WHO THE APPLICANT	IS NAM	IE OF PLUMBING CONT	RACTOR OR HO	MEOWNER			
☐ HOMEOWNER					- 1		
Address (Street Number & Name)			City		State	Zip Code	
Telephone Number (include Area Code)			Contact E-mail				
INSTRUCTIONS							
This permit is for direct re	placemer	nt connections only	on conventio	onal IP or natural	das storade	water	
heaters, electric water heat							
allow plumbing and mecha					0		
secure electrical permits a				5			
III. FEE SCHEDULE		FEE		# ITEMS		TOTAL	
Permit Fee		\$108.00		1		\$108.00	
Registration Fee (if applicable)		\$15.00/\$1.00					
TOTAL PERMIT FEE						\$	
IV. SIGNATURE							
SECTION 23A OF THE STATE CONSTRUCTION CODE ACT OF 1972, 1972 PA 230, MCL 125.1523A, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THIS STATE TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23A ARE SUBJECTED TO CIVIL FINES.							
SIGNATURE OF CONTRACTOR (Contractor must hold both Plumbing & Mechanical Licenses)							
MECHANICAL LICENSE	EXPIRATIO			CENSE NUMBER	EXPIRATION	XPIRATION DATE	
NUMBER		N DATE		CENSE NOMBER	EXTINATION	DATE	
FEDERAL EMPLOYER ID NUMBER (or	reason for	UIA NUMBER (or reason	n for exemption)	WORKERS COMP. INSUF	ANCE CARRIER (
						or reason for exemption)	
exemption)						or reason for exemption)	
						or reason for exemption)	
exemption)	ving or abo or put in	ut to occupy. All work operation until it has	shall be installe been inspecte	d in accordance with d and approved by t	all Michigan Co he City of Wixo	d by myself , in odes and shall	
v. HOMEOWNER AFFIDAVIT I hereby certify the electrical, m my own home in which I am lin not be enclosed, covered up,	ving or abo or put in Vixom Inspe	ut to occupy. All work operation until it has ector and assume the r	shall be installe been inspecte responsibility to	d in accordance with d and approved by arrange for necessar	all Michigan Co he City of Wixo	d by myself , in odes and shall	
v. HOMEOWNER AFFIDAVIT I hereby certify the electrical, m my own home in which I am lin not be enclosed, covered up, will cooperate with the City of V	ving or abo or put in Vixom Inspe	ut to occupy. All work operation until it has ector and assume the r	shall be installe been inspecte responsibility to	d in accordance with d and approved by arrange for necessar	all Michigan Co he City of Wixo	d by myself, in odes and shall om Inspector. I	