



Huron Charter Township

22950 Huron River Drive

New Boston, MI 48164

(734) 753-4466 ext. 143

Application for Mechanical Permit

Property Address: _____

Owner Name: _____ Phone: _____

Contractor Company/Name: _____ Contractor Phone: _____

License Number: _____

Contractor Address: _____

- All permits will include a \$50 application fee, unless otherwise noted
- Permits include ONE inspection only, please mark any additional inspections that will be required
- Any inspection that is disapproved is subject to a \$50 reinspection fee, paid prior to the scheduling of the reinspection

Job Description: _____

Item	Quantity	Amount	Total
Application Fee	1	\$50	
Additional Inspection		\$40	
Heating Units (Includes duct and pipe)			
Boiler		\$50	
Furnace Under 75.00 BTU		\$50	
Furnace 75-500 BTU		\$75	
Furnace Over 500.00 BTU		\$100	
Humidifier		\$10	
Air Conditioning and Refrigeration			
A/C Up to 5 tons		\$50	
A/C 5-20 tons		\$75	
A/C Over 20 tons		\$100	
New Construction			
New Home		\$170	
Mobile Home Set Up		\$30	
Gas Piping			
New Gas Piping		\$20	
Gas Pressure Test		\$20	

Item	Quantity	Amount	Total
Ventilation and Exhaust			
Vents / Liners		\$30	
Flue / Vent Damper		\$10	
Commercial Bath/Kitchen Exhaust		\$20	
Residential Bath/Kitchen Exhaust		\$10	
Miscellaneous Items			
Commercial Hoods		\$100	
Compressor		\$30	
Duct Work		\$50	
Fireplace		\$50	
Fire Suppression *Price is per head, minimum \$25		\$1	
Generator		\$50	
Evaporator Coils		\$30	
Solar Panels		\$20	
Water Heater		\$20	

COMPLETE APPLICATION ON BACK SIDE

Mechanical work should not be started until the application for permit has been filed with the Township of Huron. All installations shall be in conformance with the Michigan Mechanical Code. No work shall be concealed until it has been inspected.

The Township of Huron will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Applicant Signature: _____

Date: _____