

CHARTER TOWNSHIP OF YORK
Building Department
11560 Stony Creek
Milan, MI 48160
Telephone 734-439-8842
Fax 734-439-3016

REQUIREMENTS FOR MECHANICAL PERMIT
APPLICATION FOR FIREPLACE INSERTS OR PRE-FABS

To submit for plan of review:

One (1) copy of the Manufacturer's Installation Manual.
Cross out any information that does not pertain to the unit being installed. A
Copy of the manual shall be kept with equipment on the job site at all times.

All fees due when application is submitted.

REQUIRED INSPECTIONS = THREE (3): Rough, Final and Gas Air Test*
(*GAT is for gas-fired appliances, not solid fuel.
NO gas air test letters are accepted!)

No final fireplace inspection will be done until the rough and gas air test inspections are
done and approved.

Inspections must be called in by the permit holder only. When calling in sections, the
following information must be provided:

1. Site address
2. Specific inspection you are calling to schedule.
3. Day you would like the inspection (we do not make appointments and the
inspectors have 48 hours to perform all inspections.)
4. Inspector will need access to the house (may perform inspections into the
evening.)
5. Must have at least 8 lbs. of pressure on the line for the GAT.

NO INSPECTIONS WILL BE SCHEDULED WITHOUT THIS INFORMATION!

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MECHANICAL FIREPLACE PERMIT APPLICATION

JOB ADDRESS: _____ DATE: _____

CONTRATOR: _____ PERMIT# _____

BUSINESS ADDRESS: _____ LISCENSE# _____

CITY/STATE/ZIP: _____ PHONE# _____

TAX/FEDERAL ID# _____

M.E.S.C.# _____ WORKERS COMP.# _____

INSTALLATION OF: (CIRCLE TYPE)

PRE-FAB FIREPLACE

NATURAL GAS LPG SOLID (WOOD) GAS IGNITOR/GAS LOGS

MAKE: _____ MODEL# _____ SERIAL# _____

MAKE: _____ MODEL# _____ SERIAL# _____

DESCRIPTION: NEW _____ EXISTING _____

NUMBER	ITEM	AMOUNT
	ROUGH INSPECTION	\$ 60.00
	GAS AIR TEST/PIPING	\$ 60.00
	FINAL INSPECTION	\$ 60.00
	LICENSE REGISTRATION	\$ 15.00
	TOTAL PERMIT FEE	\$

FIREPLACE INSERTS & MANUFACTURED CHIMNEY REQUIRES SPECIFICATION & REVIEW. **MUST PROVIDE** ONE COPY OF INSTALLATION MANUAL, SERIAL AND MODEL NUMBERS.

OWNER: _____ ADDRESS: _____

CITY/STATE/ZIP: _____ DATE: _____

PHONE# _____ SIGNED BY: _____
MECHANICAL INSPECTOR

SIGNED: _____