Eaton County
Construction Codes Department

1045 Independence Boulevard, Charlotte, Michigan 48813
Telephone: (517) 543-3004 Fax: (517) 543-9924
Email: constructioncode@eatoncounty.org

"OUR GOAL IS TO PROVIDE A SAFER PLACE TO LIVE, WORK AND PLAY"



REGISTRATION DATE:

PREFERRED CONTACT METHOD

[ ] BUSINESS PHONE
[ ] CELL PHONE [ ] CALL [ ] TEXT
[ ] EMAIL

CONTRACTOR/MASTER PLUMBER & SERVICE INSTALLER REGISTRATION

Areas marked with a 🛠 must be completed

🛠 ① HOLDER OF PLUMBING CONTRACTORS LICENSE:	
🛠 DATE OF BIRTH:	🛠 PHOTO IDENTIFICATION IS REQUIRED, DRIVERS LICENSE OR OTHER TYPE OF APPROVED GOVERNMENT ISSUED IDENTIFICATION:
🛠 CONTRACTOR LICENSE NUMBER AND EXPIRATION DATE:	
🛠 ② MASTER PLUMBER:	MASTERS SIGNATURE:
🛠 DATE OF BIRTH:	🛠 PHOTO IDENTIFICATION IS REQUIRED, DRIVERS LICENSE OR OTHER TYPE OF APPROVED GOVERNMENT ISSUED IDENTIFICATION:
🛠 MASTER LICENSE NUMBER:	
🛠 BUSINESS TELEPHONE NUMBER:	🛠 CELL NUMBER:
FAX NUMBER:	
E-MAIL ADDRESS:	
🛠 ③ BUSINESS NAME AND ADDRESS:	
🛠 FEDERAL EMPLOYER IDENTIFICATION NUMBER:	
🛠 M.E.S.C. EMPLOYER NUMBER:	

As the designated plumbing contractor, I swear that all of the information submitted on this registration application is true and accurate. I also understand that if any information on this registration form is false all permits issued to me could be voided.

🛠 **Signature of Plumbing Contractor:**

NOTE: THERE IS NO CHARGE FOR THIS REGISTRATION

THIS REGISTRATION WILL AUTOMATICALLY EXPIRE WHEN CONTRACTOR/MASTER LICENSE EXPIRES

ALL REGISTRANTS MUST SUBMIT A COPY OF THEIR CURRENT PLUMBING CONTRACTORS LICENSE, A COPY OF EACH MASTER PLUMBERS LICENSES, AND A COPY OF SOME TYPE OF PHOTO IDENTIFICATION (DRIVERS LICENSE OR OTHER TYPE OF APPROVED GOVERNMENT ISSUED IDENTIFICATION) WITH THIS FORM. IF WE DO NOT RECEIVE A COMPLETELY AND PROPERLY FILLED OUT REGISTRATION FORM, A COPY OF THE REQUIRED LICENSES, AND A COPY OF THE REQUIRED PHOTO IDENTIFICATION/S, YOUR REGISTRATION WILL NOT BE ACCEPTED AND NO PERMITS WILL BE ISSUED.

① If the designated contractor is not a licensed master plumber you must also complete section ② above.

②If the designated contractor is not a licensed master plumber you must also provide a copy of the master plumbers license and photographic identification. The master plumber must be a full time employee of this business only (you may be asked to provide proof). If you are designating more than one master plumber to acquire permits, you must complete the reverse side of this registration form.

③ The business address must match the address on your contractors license, however we will send correspondence to a P.O. BOX.

ADDITIONAL MASTER PLUMBERS

MASTER PLUMBER:	MASTERS SIGNATURE:
DATE OF BIRTH:	PHOTO IDENTIFICATION IS REQUIRED, DRIVERS LICENSE OR OTHER TYPE OF APPROVED GOVERNMENT ISSUED IDENTIFICATION:
MASTER LICENSE NUMBER:	
MASTER PLUMBER:	MASTERS SIGNATURE:
DATE OF BIRTH:	PHOTO IDENTIFICATION IS REQUIRED, DRIVERS LICENSE OR OTHER TYPE OF APPROVED GOVERNMENT ISSUED IDENTIFICATION:
MASTER LICENSE NUMBER:	
MASTER PLUMBER:	MASTERS SIGNATURE:
DATE OF BIRTH:	PHOTO IDENTIFICATION IS REQUIRED, DRIVERS LICENSE OR OTHER TYPE OF APPROVED GOVERNMENT ISSUED IDENTIFICATION:
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MASTER PLUMBER:	MASTERS SIGNATURE:
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