

FRANKENLUST TOWNSHIP
2401 Delta Road, Bay City, MI 48706
 Ph: 989-686-5300 Fax: 989-686-5370

PLAN REVIEW APPLICATION

Electrical, Mechanical and Plumbing

Today's Date _____

Select one: _____ Electrical _____ Mechanical _____ Plumbing

Applicant's Name:	Email Address:
Address, City, State & Zip	Phone Cell
Job Site Name:	
Job Site Address:	
Parcel Number: 09-030-	
Project Description	
Valuation of Work	
Applicant Signature:	

Number of Sets Submitted: _____

Application Fee	\$ 50.00
Number of Pages at \$25.00 Per Page	
TOTAL	\$

MAKE CHECKS PAYABLE TO	
<u>"FRANKENLUST TWP. TREASURER"</u>	
Ck # _____	Amt. _____
Date _____	Initial _____

~~~~~  
 Reviewed By:

|               |                     |                                           |               |
|---------------|---------------------|-------------------------------------------|---------------|
| _____         | <b>Electrical</b>   | <b>Approved/Not Approved/Not Required</b> |               |
| Date Received | Inspector Signature | (circle one)                              | Date Reviewed |
| _____         | <b>Mechanical</b>   | <b>Approved/Not Approved/Not Required</b> |               |
| Date Received | Inspector Signature | (circle one)                              | Date Reviewed |
| _____         | <b>Plumbing</b>     | <b>Approved/Not Approved/Not Required</b> |               |
| Date Received | Inspector Signature | (circle one)                              | Date Reviewed |