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

BUILDING PLAN REVIEW APPLICATION

Today's Date _____

Applicant's Name:	
Business Name:	
Address, City, State & Zip	
Phone:	Cell:
Email Address:	
Job Site Name:	
Job Site Address:	
Architect/Engineer Business Name:	
Architect/Engineer Contact Name:	Ph No:
Parcel Number: 09-030-	
Project Description	
Applicant Signature:	

Number of Sets Submitted:

Work Valuation	**$**
MULTIPY BY 40%	**X**
TOTAL PLAN REVIEW FEE	**$**

For Office Use Only

MAKE CHECKS PAYABLE TO
"FRANKENLUST TWP. TREASURER"

Ck #_____Amt._____

Date _____ Initial _____

Reviewed By:

_____ **Building**_____ **Approved/Not Approved/Not Required** _____
Date Received Inspector Signature (circle one) Date Reviewed