

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:	
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: _____

Application Fee	\$ 50.00
Number of pages at \$25.00 per page	X
TOTAL	\$

<i>For Office Use Only</i>	
MAKE CHECKS PAYABLE TO	
<u>"FRANKENLUST TWP. TREASURER"</u>	
Ck # _____	Amt. _____
Date _____	Initial _____

Reviewed By:

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

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

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