

**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:	
Parcel Number: 09-030-	
Project Description	
Applicant Signature:	

**Number of Sets Submitted:** \_\_\_\_\_

<b>Building Permit Fee</b>	\$
<b>MULTIPLY BY 40%</b>	X
<b>TOTAL PLAN REVIEW FEE</b>	\$

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

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 Reviewed By: \_\_\_\_\_

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

