

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

MECHANICAL PLAN REVIEW APPLICATION

GL #101-000-451-604

Today's Date _____

Applicant's Name:	Email Address:
Business Name:	Phone:
Address, City, State & Zip Code	Cell:
Job Site Name:	
Job Site Address:	
Parcel Number: 09-030-	
Project Description:	
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 _____

** Subject to change per Plan Reviewers confirmation of pages that need to be reviewed.*

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

|                                                     |           |      |
|-----------------------------------------------------|-----------|------|
| <b>Mechanical Plan Reviewer</b> _____               | Signature | Date |
| <input type="checkbox"/> <b>Approved</b>            |           |      |
| <input type="checkbox"/> <b><u>NOT</u> Approved</b> |           |      |

