


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

PLUMBING PLAN REVIEW APPLICATION

Today's Date _____

Applicant's Name:	Email Address:
Business Name:	Phone:
Address, City, State & Zip	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
"FRANKENLUST TWP. TREASURER"

Ck # _____ Amt. _____

Date _____ Initial _____

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 Reviewed By:

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

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

