

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

PLUMBING PLAN REVIEW APPLICATION

GL #101-000-451-605

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
"FRANKENLUST TWP. TREASURER"

Ck # _____ Amt. _____

Date _____ Initial _____

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

Reviewed By: _____

Plumbing Plan Reviewer _____	Signature	Date
<input type="checkbox"/> Approved		
<input type="checkbox"/> <u>NOT</u> Approved		

Comments:
