

**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		
<b>TOTAL</b>		<b>\$</b>

**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.*

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Reviewed By:

Plumbing Plan Reviewer \_\_\_\_\_

Signature

Date

☐

**Approved**

☐

**NOT Approved**

Tom Verellen

Mech/Plumb Inspector

(989) 246-4817

Date Reviewed: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

# Plumbing Plan Review

| Drawing Index | Description | Total Cost |
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Total Number of Pages Reviewed: \_\_\_\_\_

Total (\$) Due: \_\_\_\_\_