



Special Inspection Application

INSPECTIONS 248-626-1601

PERMIT NO. 2011- _____

DATE STAMP

32325 Franklin Rd • Franklin MI 48025-1199 • Phone (248) 626-9666 • Fax (248) 626-0538

The undersigned hereby applies for a permit to (describe project) _____

Inspection Cost \$50 per hour 3 hour Min. \$ _____

Square Feet _____

I. LOCATION OF PROJECT		Historic District ? <input type="checkbox"/> yes <input type="checkbox"/> no		Zoning District	
Address: _____					
II. PARCEL IDENTIFICATION #					
A. OWNER OR LESSEE					
Name: _____			Telephone No: _____		
Address: _____		City: _____	State: _____	Zip Code: _____	
B. Listing Agent					
Name: _____			Telephone No: _____		
Address: _____		City: _____	State: _____	Zip Code: _____	
License No: _____			Expiration Date: _____		
C. CONTRACTOR					
Name: _____			Telephone No: _____		
Address: _____		City: _____	State: _____	Zip Code: _____	
License No: _____			Expiration Date: _____		
Federal Employer Number or Reason for Exemption: _____					
Worker's Comp Insurance Carrier or Reason for Exemption: _____					
MESC Employer Number or Reason for Exemption: _____					
III. TYPE OF IMPROVEMENT					
A. TYPE OF IMPROVEMENT					
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition / Remodel	<input type="checkbox"/> Demolition	<input type="checkbox"/> Property	<input type="checkbox"/> Other	
B. REVIEW(s) TO BE PERFORMED					
<input type="checkbox"/> Building / Trades	<input type="checkbox"/> Engineering	<input type="checkbox"/> Arborist	<input type="checkbox"/> Legal	<input type="checkbox"/> Other	

