

time for inspection.

Department of Building Safety Building Codes

Building Codes Floodplain Development Zoning Code

Date:		
Type of consultation:		
Project Name:		
Project Location:		Lot:
City/Village:	Zip:	Township:
Owner / Agent:		
Reason for request: (be specific)_		
\$75.00 per inspection request is payable in	n advance of consultation plus	1% for Residential or 3% for Commercial
Please be advised this inspection are Building Safety Office has no authoractive permits. If it is determined the endangered, the Building Official in (DC 201.1).	ority to write corrective on the structure is in an u	rders on structures that do not have nsafe condition so that life is
Date and time requested:		
By: owner/agent	Pho	one #:
Approved by:		Date:
Owner/agent must call lead inspect	or on the requested day o	f inspection to verify requested

FOR OFFICE USE ONLY (Report to be completed by authorized Building Safety staff)

Type:	_				
Date:	Inspector(s)	Inspector(s)			
Address:	_				
Township:	Pio	ctures	Yes	No	
Comments:					
Signature:	Date:				
Code Violations Yes No	Stop Work Order				
	Code Reference				
Action to be taken:					
				_	
				_	
an a	_				
CBO					
Telephone #	-				
Follow up required Yes No.	Date to follow up				