

KOCHVILLE TOWNSHIP

Building & Codes Department
 5851 Mackinaw Road
 Saginaw, MI
 989-792-7596 Fax: 989-793-7498

ADDITIONAL INSPECTION FORM

Additional Inspections are required when work performed has failed a required inspection or the permit requires more inspections than what was paid for. **Fees must be paid prior to scheduling any further inspections.**

<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Building	<input type="checkbox"/> Zoning
PP #	PM #	PE #	PB #	PC #

I. Job Location

NAME OF OWNER/AGENT

STREET ADDRESS AND JOB LOCATION

Kochville Township

THE APPLICANT IS: <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner	NAME	STATE LICENSE NUMBER	EXP. DATE
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ADDRESS (Street Number and Name)	FEDERAL ID NUMBER (Or reason for exemption)
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CITY	STATE	ZIP	MESC EMPLOYER NUMBER (Or reason for exemption)
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TELEPHONE FAX CELL	WORKERS COMP INS. CARRIER (Or reason for exemption)
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REASON FOR REINSPECTION:

SIGNATURE OF CONTRACTOR OR HOMEOWNER	DATE
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Driver's License Number	
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This must be paid **PRIOR** to any **additional inspections** being performed.

# of Reinspections	Price/ea.	Total
	\$75.00	

Cash Check # _____

FOR OFFICE USE ONLY!

Date Received: _____

By: _____