

**MECHANICAL/PLUMBING/
ELECTRICAL
PLAN REVIEW APPLICATION
CITY OF MARSHALL**

323 W. Michigan Marshall MI 49068

(Read instructions before completing this application. For assistance, call: (269) 781-3985 x 1507)

*Please type or print legibly in ink. Failure to fill out application entirely may delay the approval of your project.
Application should accompany 3 complete copies of plans.*

PROJECT INFORMATION (Location where construction is to take place)

Job Name: _____

Address: _____ Suite or unit #: _____

Job Contact Person & Phone #: _____

OWNER INFORMATION

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Email: _____

ARCHITECT/ENGINEER/CONTRACTOR

Name/Firm: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Email: _____

License Number: _____ Expiration Date: _____

MESC No. _____ or reason for exemption _____

Federal ID: _____ or reason for exemption _____

Workers Comp Insurance _____ or reason for exemption _____

CHECK ONE:

- MULTIPLE FAMILY
- COMMERCIAL
- INDUSTRIAL
- COMMERCIAL/INDUSTRIAL ADDITIONS

CHECK ALL THAT APPLY:

- | | | |
|---|-------------------|--|
| <input type="checkbox"/> Mechanical | \$150.00 then add | \$40.00 for each additional hour after 4 hours |
| <input type="checkbox"/> Electrical | \$150.00 then add | \$40.00 for each additional hour after 4 hours |
| <input type="checkbox"/> Plumbing | \$150.00 then add | \$40.00 for each additional hour after 4 hours |
| <input type="checkbox"/> Fire Suppression | \$150.00 then add | \$40.00 for each additional hour after 4 hours |

Total Paid: \$ _____

APPLICANT SIGNATURE: _____ DATE: _____

PRINT NAME: _____