

BUILDING PLAN REVIEW APPLICATION

City of Marshall

323 W. Michigan Marshall, MI 49068
Phone: (269) 789-4604 Fax: (269) 789-4628

(Read instructions before completing this application. For assistance, call: (269) 789-4604)

*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:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> RESIDENTIAL (Under 3,500 square feet of habitable space) | \$100.00 |
| <input type="checkbox"/> RESIDENTIAL (Over 3,500 square feet of habitable space) | \$250.00 |
| <input type="checkbox"/> MULTIPLE FAMILY | \$300.00 |
| <input type="checkbox"/> COMMERCIAL | \$100.00 |
| <input type="checkbox"/> INDUSTRIAL | \$150 (deducted from Building Permit) |
| <input type="checkbox"/> COMMERCIAL/INDUSTRIAL ADDITIONS | \$150 (deducted from Building Permit) |

APPLICANT SIGNATURE: _____ DATE: _____

PRINT NAME: _____