



CONSTRUCTION CODES
2650 LaFranier Rd
Traverse City, MI 49686
231-995-6044
codes@gtcountymi.gov

Application for Plan Review Electrical, Plumbing, Mechanical

PROJECT NAME: _____

Address _____ City _____ Township _____

CONTACT INFORMATION:

Name _____

Address _____

Phone _____ Email _____ Cell Phone _____

Type: Electrical Mechanical Plumbing

ASHRAE Compliance Report (**Required for Plan Review**): Electrical Mechanical

Use group _____ Construction Type _____

Occupancy Load _____ Square feet _____

\$75 fee per trade Total \$_____

Applicant Signature: _____ Date: _____

Reviewed by:

Date Rec'd Electrical _____ Approved/Not Approved/Not Required _____
(circle one) Date Reviewed _____

Date Rec'd Plumbing _____ Approved/Not Approved/Not Required _____
(circle one) Date Reviewed _____

Date Rec'd Mechanical _____ Approved/Not Approved/Not Required _____
(circle one) Date Reviewed _____