

**CONCORD TOWNSHIP
121 GROVE STREET
CONCORD, MI 49237
PH: 517-524-6804 FAX: 517-524-6805**

MECHANICAL PERMIT

Permit # _____ Date: _____

Applicant: _____ Phone #: _____

Location: _____

Kind of Building: _____

Number of Inspections: _____

Job Description: _____

Contractors Name: _____

Address: _____

Contractors License # _____

Permit Fee: _____ (\$75.00 Per Inspection) Check # _____

Signature of Applicant: _____

Signature of Permit Agent: _____

Inspector - Joe Smith: 517-812-6694

Return Permit By: US Mail: _____ Pick Up @ TWP: _____

Fax: _____ Email: _____