

**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: \_\_\_\_\_ (\$60.00 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: \_\_\_\_\_