

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

PLUMBING PERMIT

Permit # _____ Date: _____

Applicant: _____ Phone #: _____

Location: _____

Kind of Building: _____

Insp: Plumbing: Underground: _____ Rough: _____ Final: _____

Job Description: _____

Contractors Name: _____

Address: _____

Contractors License # _____

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

Signature of Applicant: _____

Signature of Permit Agent: _____

Inspector Tim Basore: 517-623-6257

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

Fax: _____ Email: _____