

Request for Sanitary Inspection

(Fax this form to Zoning Dept when you want an inspection – 373-0114)

<u>Note:</u> From Zoning Dept	<input type="checkbox"/> Time Change	<input type="checkbox"/> Discrepancy	<input type="checkbox"/> Other _____
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**** Plumber must verify any change(s) by fax or no inspection will be scheduled ****

Plumber:			Phone Number
			Fax Number
Home Owner:			
Sanitary Permit #:			
Date:	Plumber's Choice	Zoning Dept	No inspection during these times 11:30 am – 2:30 pm Tues (Doug) after 1:30 pm Thurs (Doug) 9:30 am – 12:30 pm Tues (Mike) 9:30 am – 12:30 pm Thurs (Mike)
Time:	Plumber's Choice	Zoning Dept	Immediate Phone Number so Zoning Dept can call you back if needed
Township:			
Address # & Road Name:			
or			
Directions To Site:			
Comments:			
<p><u>Reminder:</u> You must confirm any change(s) that have been made prior to _____ or <u>this inspection will not be scheduled and</u> a memo will be sent voiding the inspection.</p> <p style="text-align: right;"><i>Thank You!</i></p>			