



Pittsfield Charter Township
Department of Building Services

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Building Services Manager
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Mandy Grewal, Supervisor

Code Inspection Request Form

Property Information

(Please Print)

Street Number _____ Street Name _____ Parcel I.D. # 12 - ____ - ____ - ____

Existing building used as: Residential Commercial Industrial Other: _____

Building to be used as: _____

Inspection Information

Type of Inspection Requested: Building Electrical Mechanical Plumbing Fire

Applicant Information

(Please Print)

Applicant is the: Tenant Property Owner Contractor Other: _____

Applicant Name _____ (____) _____
Contact Number _____ Email _____

Address _____ City _____ State _____ Zip _____

Applicant Signature _____ Date _____

:: Office Use Only ::

Inspection Scheduled for: _____ Date of Inspection: _____

Inspection Results/Comments: _____

