

# CITY OF TROY SITE PLAN COMPLIANCE INSPECTION REQUEST

CITY OF TROY PLANNING DEPARTMENT  
500 W. BIG BEAVER  
TROY, MICHIGAN 48084  
248-524-3364  
FAX 248-524-3382



FOR OFFICE USE

SITE PLAN FILE NUMBER \_\_\_\_\_  
DATE REQUESTED \_\_\_\_\_

## NOTICE TO THE APPLICANT

PROVIDE ONE (1) COPY OF THE "AS BUILT" PLAN ALONG WITH THIS REQUEST.

THERE WILL BE A CHARGE OF \$100 PER HOUR (1 HR. MINIMUM) IF RE-INSPECTION IS REQUIRED.

1. BUILDING PERMIT NUMBER : \_\_\_\_\_

2. TEMPORARY CERTIFICATE OF OCCUPANCY DATE ISSUED : \_\_\_\_\_

3. NAME OF THE DEVELOPMENT: \_\_\_\_\_

4. ADDRESS OF SITE: \_\_\_\_\_ SUITE/LOT NO.: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

5. TAX IDENTIFICATION NUMBER(S) (SIDWELL) OF SUBJECT PROPERTY: \_\_\_\_\_

6. APPLICANT FOR SITE INSPECTION:

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CELL PHONE / BEEPER \_\_\_\_\_

FAX \_\_\_\_\_

7. THE APPLICANT BEARS THE FOLLOWING RELATIONSHIP TO THE OWNER OF THE SUBJECT PROPERTY:

\_\_\_\_\_  
\_\_\_\_\_

8. SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_