



**GARY WILMOTH**  
 SUPERVISOR  
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Phone: 734-848-5915  
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**Request for Building Inspection – Outside of Normal Business Hours**

**Job Location:** \_\_\_\_\_

**Permit Number: PB** \_\_\_\_\_

**Type of Inspection Requested:** \_\_\_\_\_

**Date of Inspection Requested:** \_\_\_\_\_ **Requested Time:** \_\_\_\_\_

**Contractor/Owner Requesting Inspection:** \_\_\_\_\_

**Contact number(s):** \_\_\_\_\_

I understand and agree to pay the required fee of \$50.00 to the Township of Erie for payment to the Building Inspector to perform the above requested inspection. I further understand and agree that every attempt will be made by the Building Inspector to honor your requested day and time but there is no guarantee of the requested day and or time.

\_\_\_\_\_  
**Signature of Contractor/Owner requesting inspection**

**Date**

For Office Use Only	Inspection Fee Paid
Inspector Contacted dated: _____ By: _____	Date: _____
Requested Day/Time confirmed: _____ By: _____	Receipt: _____
Approved By: _____ Date: _____	Rec'd By: _____