

Marshall Township
New Construction
Occupancy permit / Inspection Request

APPLICANT / _____ PHONE NUMBER _____
CONTACT PERSON _____

BUILDING PERMIT DATE _____ *BUILDING PERMIT NUMBER _____

AT (LOCATION) _____ SUBDIVISION _____

*DATE BUILDING WILL BE READY FOR INSPECTION _____

* HOME / BUSINESS OWNER _____

REMARKS _____

FAX TO:
MARSHALL TOWNSHIP

724-935-3203

(NO PHONE OCCUPANCY PERMIT REQUEST WILL BE ACCEPTED)

REQUEST FOR A INSPECTION MUST BE AT LEAST A TWENTY-FOUR
HOURS NOTICE

* DENOTES FIELDS THAT ARE REQUIRED TO BE FILLED OUT