

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