





**DO NOT WRITE BELOW THIS LINE**

**PLAN REVIEW CHECKLIST – For Office Use Only**

- \_\_\_\_\_ 1. Builder’s License, current & registered. If registering license, enter fee on Application
- \_\_\_\_\_ 2. All I.D. Numbers & Insurance Name Section completed on Application
- \_\_\_\_\_ 3. Applicant’s Signature on Application
- \_\_\_\_\_ 4. Proof of Ownership submitted.
- \_\_\_\_\_ 5. Street Number issued.
- \_\_\_\_\_ 6. Perk Test submitted (not over 2 years old)
  - \_\_\_\_\_ a.) If residential addition and increasing the number of bedrooms – do they have Health Dept. approval?
  - \_\_\_\_\_ b.) Sewer Tap Permit
- \_\_\_\_\_ 7. Driveway Approach Permit submitted, or receipt for same.
- \_\_\_\_\_ 8. Soil Erosion Permit submitted, or receipt for same (if on the water).
- \_\_\_\_\_ 9. Water Tap Permit submitted, or receipt for same (if tapping into public water supply system)
- \_\_\_\_\_ 10. Plot Plan submitted, and stamped by Zoning Department
- \_\_\_\_\_ 11. The Zoning District is entered on the Application
- \_\_\_\_\_ 12. If Zoning Board of Appeals Case, enter the Zoning Board Case Number on the application, and state below any specific directives given by ZBA.
- \_\_\_\_\_ 13. MUEC Review
- \_\_\_\_\_ 14. Two sets of Blueprints submitted for Residential/Three sets for Commercial
- \_\_\_\_\_ 15. Plans submitted are Approved, and are stamped and signed.
- \_\_\_\_\_ 16. Square Footage of new construction is figured and entered on Application.
- \_\_\_\_\_ 17. Valuation if figured and entered on Application
- \_\_\_\_\_ 18. Permit fees and Deposit are figured and entered on Application
- \_\_\_\_\_ 19. If Compliant Violation, enter Complaint Violation Number on Application, and check the permit fee to be doubled.

**ADDITIONAL NOTES**

**CALCULATION OF PLAN REVIEW FEES**

Fee Per Inspector \$

Inspectors to pay \_\_\_\_\_  
 For Pan Review: \_\_\_\_\_

Date Inspectors  
 Paid \_\_\_\_\_

Plan Review Wage for Inspectors \$ \_\_\_\_\_  
 Structural Plan Review Fee \$ \_\_\_\_\_  
 Misc. (\_\_\_\_\_) Review Fee \$ \_\_\_\_\_

Total Square Footage \_\_\_\_\_  
 Valuation \$ \_\_\_\_\_

**PERMIT FEES & DESPOSITS**

Base Fee \$ \_\_\_\_\_  
 Total Plan Review Fees \$ \_\_\_\_\_  
 Total Permit Fee Due \$ \_\_\_\_\_  
 Double Permit Fees \_\_\_\_\_  
 Complaint Violation \$ \_\_\_\_\_

Builders License Reg. Fee \$ \_\_\_\_\_  
 Permit Deposit \$ \_\_\_\_\_  
 Type \_\_\_\_\_ Group \_\_\_\_\_

Date Reviewed \_\_\_\_\_

Signed \_\_\_\_\_

The following are the names of the Highland Township Inspectors.  
You may contact these men through the Highland Township Building  
Department phone number: (248) 887-3791 Ext. #1

Township Office Hours  
Monday thru Thursday: 8:30 a.m. to 5:00 p.m.  
Friday only: 8:00 a.m. to 4:00 p.m.

**JOE WEINBURGER**  
Building Official  
Ordinance Department Supervisor

**GREG CALME**  
Electrical Inspector

**JAMES SAVAGE**  
Plumbing & Heating Inspector

## OCCUPANCY POLICY FOR ALL COMMERCIAL & INDUSTRIAL PROJECTS:

At the time of occupancy of any part of a building, or building on the site – all site work must have been completed and passed inspection by the Township Engineer.

If site work is not done, or only partially done, then a performance bond, cash deposit, or letter of credit must be presented for the work to be done before issuance of either a Temporary Certificate of Occupancy, or a Certificate of Occupancy.

The amount of the bond, cash deposit, or letter of credit will be determined by the Township Engineer when he inspects the site to determine the work yet to be done. The owner of the project is directly responsible for the payment of the bill incurred by such an inspection.

After the performance bond, cash deposit, or letter of credit is received by the **Zoning Department**, then and only then will inspection for a Temporary Certificate of Occupancy or Certificate of Occupancy be done.

Cordially,  
Joseph F. Weinburger  
Building Official

Ordinance Department Supervisor

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Received by: \_\_\_\_\_

Cordially,  
Joseph F. Weinburger  
Building Official  
Ordinance Department Supervisor

03-25-99