



**TECHNICAL CODE INSPECTION APPLICATION**

Community Planning & Economic Development  
245 N Rose Street, Ste 100  
Kalamazoo, MI 49007  
Phone: 269-337-8026  
Fax: 269-337-8513

Permit #: \_\_\_\_\_ Fee: \_\_\_\_\_

constructionpermits@kalamazoocity.org

**Type of Building (please check one):**

Non-Residential Building     Residential Building (# of units \_\_\_\_ )     Lodging (# of units \_\_\_\_ )

I hereby request a technical code inspection of the property located at \_\_\_\_\_  
for the purpose of determining its conformity to the following portions of the City of Kalamazoo Code of Ordinances  
(please check all that apply):

- Building Code for \_\_\_\_\_
- Electrical Code for \_\_\_\_\_
- Mechanical Code for \_\_\_\_\_
- Plumbing Code for \_\_\_\_\_
- Fire Code for \_\_\_\_\_

I understand that:

- This is a one-time inspection for the above property for new ownership, new occupancy, disaster, or other notice. The intent of this inspection is to determine if existing conditions are safe and meet the criteria of the code at the time that the work had been performed. Repairs or corrections cited during this inspection shall not be performed until a permit for the proper trade or trades is obtained by the owners or contractors.
- General maintenance requirements of Residential Rental Certification is not the intent of this application. Violations reported by Residential Housing Code enforcement will have to be corrected once the proper permit of any technical trade is applied for and issued.

I hereby authorize the inspector(s) entrance to the above mentioned property for the purpose of the requested inspection(s). In granting permission to enter and inspect, I understand that all code violations found must be corrected by the present or future owner.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicant name (printed): \_\_\_\_\_

Applicant is the property's (please check one):     Agent     Representative     Owner

Applicant contact information:

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

The applicant is responsible for contacting this office to schedule the necessary appointments. Following the inspection(s), an Inspection Report will be mailed to the above address, unless otherwise directed by the applicant.

Fee: \$75 for the first inspection type, and \$70 for each additional inspection type.