

Plain Township Fire Department
PLAN REVIEW/INSPECTION FEE WORKSHEET CONTINUED

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Inspection Date: _____ Application Number: _____

Project Name: _____

Project Address: _____

Contact Name : _____

Work Phone:(_____)_____ Cell/Nextel: (_____)_____ Fax: (_____)_____

Re-inspection Fee for Annual Inspections:

A fee will not be assessed until the 3rd reinspection (Date _____) (A) \$50.00

Subsequent re-inspection fees are increased in fifty dollar increments.

4th reinspection \$100.00 (Date _____) (B) _____

5th reinspection \$150.00 (Date _____) (C) _____

Add line (A), (B), and (C) for Total Fee \$ _____

Notes: _____

Tent Inspection Fee:

Base Fee: For tents that exceed 10 by 10, public use only. (A) \$50.00

Enter the total number of tents on line (B) _____

Multiply line (B) by \$50.00 and enter on total fee line

Total fee \$ _____