



**TECHNICAL CODE INSPECTION APPLICATION**

Community Planning & Development Department  
415 E. Stockbridge Avenue  
Kalamazoo, MI 49001  
Phone: 269-337-8026  
Fax: 269-337-8513  
cokdevelopmentcenter@kalamazoo-city.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 \_\_\_\_\_.

I understand that:

- A violation to the current code does not necessarily constitute a violation of building regulations, if the conditions were present and conforming under a previous version of the code; and
- This inspection does not address general maintenance conditions. Though this inspection may show no technical code violations, there may be general maintenance conditions that violate Housing Code. For rental property, such general maintenance violations will have to be corrected for Residential Rental Certification of the property.

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.

**For office use only:**

Inspection scheduled for \_\_\_\_\_ (time) on \_\_\_\_\_ (date).