

# West shore Inspections, LLC

2644 15<sup>th</sup> Street  
Hopkins, MI 49328  
Cell 616 477-4940 • Fax 269 793-7140  
Bob@wsillc.net

Mechanical Inspection Request Fax Form for the following Jurisdictions:  
Blendon Township, City of Coopersville, Fillmore Township, Laketown  
Township, Olive Township, Park Township, Port Sheldon Township, and Saugatuck Township

***PLEASE FAX TO BOB MODRESKE AT FAX #269-793-7140***

Date: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_  
Fax # \_\_\_\_\_ Office or Cell Phone # \_\_\_\_\_  
Owner / Builder: \_\_\_\_\_  
Name of person requesting inspection: \_\_\_\_\_

INSPECTION ADDRESS: \_\_\_\_\_  
Township: \_\_\_\_\_ Permit # \_\_\_\_\_

## INSPECTION TYPE (Please check which inspections need to be done)

Mechanical Underground _____	LP Tank Set _____
Gas Pressure Test _____	Mechanical Final _____
Radiant Infloor or Snowmelt _____	Fireplace Final _____
Mechanical Rough-In _____	Fire Protection Final _____
Fireplace Rough-In _____	
Fire Protection Rough-In _____	
Fire Protection Pressure Test _____	

Brief Description of work completed: \_\_\_\_\_  
\_\_\_\_\_

Preferred Inspection Date: \_\_\_\_\_ AM \_\_\_\_ PM \_\_\_\_ Anytime \_\_\_\_  
Key Location or method of access: \_\_\_\_\_

Please fax your request to the number above. All inspections require a 24 Hour Notice. If a delay is necessary I will contact you. Every effort will be made to make all inspections in a timely manner. Thank you for your cooperation. If a fax machine is not available for your use, you may call me at 616-477-4940 to request an Inspection.