



CITY OF FLAT ROCK

DEPARTMENT OF BUILDING & SAFETY

25500 Gibraltar Road, Flat Rock, MI 48134
Telephone (734)782-0445 Fax (734)783-0304
www.flatrockmi.org

PERFORMANCE BOND APPLICATION

Date: _____

Received for Property Address: _____ Lot #: _____

Applicant Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Return check to (Please indicate one)

- Same as above
- Different Address (enter information below)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Signature

Date

BUILDING DEPARTMENT USE ONLY

Repairs Pending	\$
Engineering Fee	\$
Planner Fee	\$
Admin Fee (15% of Planner and Engineer Fee)	\$
Other	\$
Check #:	Total \$
Received On:	Received By:

Building Dept. Use Only –To be filled out when Bond Return Request is Submitted

Bond Return Request Date: _____

Site Compliance Inspection Date: _____

Date Check Request Submitted: _____