



Macomb Township

Building Department

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www.macomb-mi.gov

Mechanical Residential Inspection Check List

Name: _____

Permit : _____

Address: _____

Lot # _____

Rough

Re-Inspection

Final

	Rough	Re-Inspection	Final
Return Air			
Cold Air Grounds			
Return Air Grills			
Ducts Sealed			
Bath Exhaust			
Fire Blocking			
Draft Stop			
Dryer Vent			
Insulation Return Air			
Kitchen Exhaust			
Supply Air			
Ventilation Air			
Fireplace			
Gas Line			
Gas Pipe Affidavit			
Furnace 1st Floor			
Furnace 2nd Floor			
A/C Unit 1st Floor			
A/C Unit 2nd Floor			
Plans on Site			
Heat Registers			

Final Approved Date: _____

signature: _____