

**Becker Township Corrective Action Form** 12165 Hancock Street, PO Box 248, Becker, MN 55308 Tel: (763) 261-5301 Fax: (763) 261-5303

Web: www.beckertownship.org Email: clerk@beckertownship.org

	For Office	Use Only	
Permit #:	Initial Insp:	Final Insp:	Mtg Date:
PLEASE PRI	NT.		
	er:	Phone:	
	et, City, Zip)		
Located in Plat of (Name)		Lot	Block
Parcel Identific	cation Number 0 5		
Date of Notification:		Date work was completed:	
Date of Initial	Inspection:	/	_/
Conforms with current engineering standards:		Yes No	
Initial Inspection:		Approved	Denied
<b>Proposed Cor</b>	rective Action:		
Initial Inspection	on Comments:		
Inspector's Signature:		Date:	
v	rk is not completed as outling or complete the construction Signature:	on will be billed to	•
Date of Final In	nspection:		/
Conforms with current engineering standards:		Yes No	
Final Inspection:		Approved	Denied
Final Inspectio	on Comments:		
Engineer's Signature:		Date:	