



**DEPARTMENT OF
PLANNING & DEVELOPMENT**
CITY OF WALLED LAKE, MICHIGAN

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Walled Lake Building and Planning Inspections Screening Tool for COVID-19 Disease

Name: _____
Phone Number: _____ Date: _____
Time: _____ Project Location: _____
Permit Number: _____

Please complete form and email to jstuart@walledlake.com or fax (248) 624-1616. Questionnaire must be submitted prior to inspection.

Answer the following questions:

- 1) In the last 24 hours has the Occupant or Contractor exhibited any or all the following symptoms: YES or NO
 - Cough
 - Shortness of Breath
 - Sore Throat
 - Diarrhea
 - Fever

- 2) Has the Occupant or Contractor within the last 14 days been in close contact with anyone diagnosed with COVID-19? YES or NO

- 3) Has the Occupant or Contractor traveled internationally or domestically within the last 14 days? YES or NO

If you have answered YES to any of the above questions your inspection request will not be permitted.