

INSPECTION REQUEST/REPORT FORM

Date _____

PROJECT: _____ **PERMIT No:** _____

Inspection Location: _____ Requestor: _____

_____ Phone #: _____

Requested Inspection Day: _____ Time* _____ [AM] [PM]

*Inspectors will attempt to meet the requested time. Please fax request in by 8:00am of the day of inspection.

Inspection Type Requested (check):

Building/Structural	X	Electrical	X	Plumbing	X	Mechanical	X
Footing		Underground		Underground		Duct Rough-in	
Slab		Floor Rough-in		Rough-in		Steam Piping & Test	
Masonry		Wall Rough-in		Stack Piping & Test		HW Piping & Test	
Wall/Ceiling		Ceiling Rough-in		Water Piping & Test		CHW Piping & Test	
Framing		Panel/Feeder		Gas Piping & Test		Cond. Piping & Test	
Structural		Service/Ground		Storm Piping & Test		Insulation	
Sheetrock		Appliance/Equipment		Fixtures		Wall & Ceiling	
Roofing		Lightning Protection		Equipment		Equipment	
ADA		ADA Control Rough-in		ADA Fixture Rough-in			
Reinspection		Reinspection		Reinspection		Reinspection	
Final Building		Final Electrical		Final Plumbing		Final Mechanical	

Specific Inspection Area: _____

Other Inspection Type: _____

Inspection Results: [PASSED] [CONDITIONAL] [PARTIAL] [FAILED] [NOT READY]

Conditions/Comments: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Inspector's Signature _____ Date: _____