Inspection Request and Report

Department of Consumer & Business Services
Building Codes Division

INSPECTION REQUEST

Date requested:	Time:	Type of inspection:
Requested by:		Phone: ( )

❑ Electrical ❑ Plumbing ❑ Structural ❑ Mechanical ❑ Manufactured home

Permit no.:	Owner:	Contractor:

Job address:

Directions:

Ready (date): ❑ Mon. ❑ Tue. ❑ Wed. ❑ Thu. ❑ Fri. ❑ A.M. ❑ Mid ❑ P.M.

Call before coming? ❑ No ❑ Yes Phone: ( )

INSPECTION REPORT

Date inspected: Time: Type of inspection:

❑ Unable to inspect ❑ No corrections noted ❑ Correction(s) expected within _____ days

Inspection report no.: ❑ Correction(s) noted: (Page _____ of _____)

❑ Reinspection required prior to approval ❑ OK to continue after corrections made

❑ Owner/contractor must sign below to indicate all corrections are made; return form to inspector.

Owner/contractor signature:

❑ Call for reinspection

Inspector name: Inspector signature: