

## INSPECTION REQUEST/REPORT FORM

Please: NO cover sheets

Contractor: \_\_\_\_\_

PERMIT No: \_\_\_\_\_

Inspection Location: \_\_\_\_\_

Requestor: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Requested Inspection Date\*: \_\_\_\_\_

Inspection Time: \_\_\_\_\_ [AM] [PM]

\*Inspectors will attempt to arrive as requested. .

To schedule inspection(s) - Fill in form and fax to 904-620-2025. Inspection requests must be received prior to 7:30 AM the day of the inspection.

### Inspection Type Requested (check box below):

Building / Structural	X	Electrical	X	Plumbing	X	Mechanical	X
Footing	<input type="checkbox"/>	Underground	<input type="checkbox"/>	Underground	<input type="checkbox"/>	Duct Rough-in	<input type="checkbox"/>
Slab	<input type="checkbox"/>	Floor Rough-in	<input type="checkbox"/>	Rough-in	<input type="checkbox"/>	Steam Piping & Test	<input type="checkbox"/>
Masonry	<input type="checkbox"/>	Wall Rough-in	<input type="checkbox"/>	Stack Piping & Test	<input type="checkbox"/>	HW Piping & Test	<input type="checkbox"/>
Wall/Ceiling Framing	<input type="checkbox"/>	Ceiling Rough-in	<input type="checkbox"/>	Water Piping & Test	<input type="checkbox"/>	CHW Piping & Test	<input type="checkbox"/>
Framing	<input type="checkbox"/>	Panel/Feeder	<input type="checkbox"/>	Gas Piping & Test	<input type="checkbox"/>	Cond. Piping & Test	<input type="checkbox"/>
Structural	<input type="checkbox"/>	Service/Ground	<input type="checkbox"/>	Storm Piping & Test	<input type="checkbox"/>	Insulation	<input type="checkbox"/>
Sheetrock	<input type="checkbox"/>	Appliance/Equipment	<input type="checkbox"/>	Fixtures	<input type="checkbox"/>	Wall & Ceiling	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	Lightning Protection	<input type="checkbox"/>	Equipment/Fire Sprinkler	<input type="checkbox"/>	Equipment	<input type="checkbox"/>
ADA	<input type="checkbox"/>	ADA Control Rough-in	<input type="checkbox"/>	ADA Fixture Rough-in	<input type="checkbox"/>	Grease Duct	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	Re-inspection	<input type="checkbox"/>	Re-inspection	<input type="checkbox"/>	Re-inspection	<input type="checkbox"/>
Final Building	<input type="checkbox"/>	Final Electrical	<input type="checkbox"/>	Final Plumbing	<input type="checkbox"/>	Final Mechanical	<input type="checkbox"/>

Specific Inspection Area: \_\_\_\_\_

Other Inspection Type: \_\_\_\_\_

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

Conditions/Comments: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

**Conditional:** Means inspection is approved with conditions noted. **Partial:** Means only part of your inspection passed and you must reschedule for balance.

Inspector Signature \_\_\_\_\_ (Fred Berbig)

Date: \_\_\_\_\_