

COMMERCIAL/MULTI-FAMILY	
<u>No-Work/Occupancy Only FINALS:</u>	
<input type="checkbox"/>	Building, Electric, Mechanical, Plumbing, Fire
<input type="checkbox"/>	Health, if making or serving food
<u>New Construction (Ground-up building):</u>	
<u>Footing Pre-Pour*</u>	
<input type="checkbox"/>	Plumbing Underground
<input type="checkbox"/>	Electric Service
<input type="checkbox"/>	Foundation Insulation
<input type="checkbox"/>	Electric Underground
<input type="checkbox"/>	Roughs: Building, Electric, Plumbing, HVAC, Fire
<input type="checkbox"/>	Above Ceiling: Building, Electric, Plumbing, HVAC
<input type="checkbox"/>	Building Insulation Energy
<input type="checkbox"/>	Exterior Flatwork - Sidewalks etc.
<input type="checkbox"/>	Screw Pattern for Fire Barriers & Partitions
<input type="checkbox"/>	Finals
<input type="checkbox"/>	Health (Making or serving food)
<u>Alterations/Remodeling (Existing building):</u>	
<input type="checkbox"/>	Roughs: Building, Electric, Plumbing, HVAC, Fire
<input type="checkbox"/>	Insulation - Sound & Thermal
<input type="checkbox"/>	Screw Pattern for Fire Barriers & Partitions
<input type="checkbox"/>	Hood Smoke/Light Test
<input type="checkbox"/>	Above Ceiling: Building, Electric, Plumbing, HVAC
<input type="checkbox"/>	Pre-Final (To Stock Merchandise & Train Employees)
<input type="checkbox"/>	Finals
<input type="checkbox"/>	Health (Making or serving food)

RESIDENTIAL (SINGLE FAMILY & 2 UNITS)	
<u>New Construction (Ground-up building):</u>	
<u>Footing Pre-Pour*</u>	
<input type="checkbox"/>	Water/Sewer
<input type="checkbox"/>	Plumbing Underground
<input type="checkbox"/>	Electric Service
<input type="checkbox"/>	Foundation Insulation
<input type="checkbox"/>	Roughs: Building, Electric, Plumbing, HVAC
<input type="checkbox"/>	Building Insulation
<input type="checkbox"/>	Exterior Flatwork - Driveway, Sidewalks etc.
<input type="checkbox"/>	Finals
<u>Alterations/Remodeling (Existing building):</u>	
<input type="checkbox"/>	Roughs: Building, Electric, Plumbing, HVAC
<input type="checkbox"/>	Building Insulation
<input type="checkbox"/>	Building Penetrations
<input type="checkbox"/>	Exterior Flatwork - Driveway, Sidewalks etc.
<input type="checkbox"/>	Finals

<u>Schedule via ONLINE, EMAIL OR FAX; not taken via phone</u>	
BP- _____	DATE for Inspection _____
Job Address: _____	
Address 2 _____ Unit/Lot/Ste/Apt # _____	
Business/Resident _____	
Contractor _____	
Email _____	
Phone _____	

INDIVIDUAL INSPECTIONS	
<u>Concrete & Flatwork</u>	
<input type="checkbox"/>	<u>Pre-Pour*</u>
<input type="checkbox"/>	<u>Base*</u>
<input type="checkbox"/>	<u>Deck Holes (pre-pour)*</u>
<input type="checkbox"/>	<u>Footing*</u>
<input type="checkbox"/>	Striping
<input type="checkbox"/>	<u>In Ground Pool Bonding*</u>
<input type="checkbox"/>	Other _____
<u>Sewer/Water/Sump</u>	
<input type="checkbox"/>	Emergency Sewer*
<input type="checkbox"/>	Sewer
<input type="checkbox"/>	Water
<input type="checkbox"/>	Sump

<u>Check at least one in each column:</u>			
<input type="checkbox"/>	Rough	<input type="checkbox"/>	Building
<input type="checkbox"/>	Above Ceiling	<input type="checkbox"/>	Electric
<input type="checkbox"/>	Energy	<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Final	<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Underground	<input type="checkbox"/>	Planning
<input type="checkbox"/>	Insulation	<input type="checkbox"/>	Accessibility
<input type="checkbox"/>	Drain Tile	<input type="checkbox"/>	Low Voltage
<input type="checkbox"/>	Exterior	<input type="checkbox"/>	Sign
		<input type="checkbox"/>	Engineering
		<input type="checkbox"/>	Landscape

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<input type="checkbox"/>	Rough	<input type="checkbox"/>	Building
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<input type="checkbox"/>	Energy	<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Final	<input type="checkbox"/>	Plumbing
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<input type="checkbox"/>	Drain Tile	<input type="checkbox"/>	Low Voltage
<input type="checkbox"/>	Exterior	<input type="checkbox"/>	Sign
		<input type="checkbox"/>	Engineering
		<input type="checkbox"/>	Landscape

FINALS	
<input type="checkbox"/>	A/C *
<input type="checkbox"/>	Alarm
<input type="checkbox"/>	Deck
<input type="checkbox"/>	Fascia
<input type="checkbox"/>	Fence
<input type="checkbox"/>	<u>Furnace*</u>
<input type="checkbox"/>	Gazebo
<input type="checkbox"/>	Gutters
<input type="checkbox"/>	Pool
<input type="checkbox"/>	Porch
<input type="checkbox"/>	Roof
<input type="checkbox"/>	Shed
<input type="checkbox"/>	Siding
<input type="checkbox"/>	<u>SkyLight*</u>
<input type="checkbox"/>	Sprinkler
<input type="checkbox"/>	<u>Water Heater*</u>
<input type="checkbox"/>	Windows

<u>*Time - check one</u>	
<input type="checkbox"/>	8-9
<input type="checkbox"/>	9-10
<input type="checkbox"/>	10-11
<input type="checkbox"/>	11-12
<input type="checkbox"/>	1-2
<input type="checkbox"/>	2-3
<input type="checkbox"/>	3-4

**INSPECTION
REQUEST
FORM**