

BUILDING INSPECTIONS REQUEST FAX FORM

Town of Leland, North Carolina



102 Town Hall Dr., Leland, NC 28451
www.townofleland.com

Economic & Community Development
Phone 910-371-3754 Fax 910-371-1158

INSPECTION

Check the appropriate inspection requested. Please attach any additional unlisted inspection in space marked "Other."

- A signature is required on all faxed inspection requests. **Unsigned forms will NOT be processed.**
- Inspections requested prior to 4:00 p.m. will be scheduled the following business day.
- Do not request an inspection until the work to be inspected is completed.

Permit # _____ Address (street) _____

Phone # _____ Subdivision _____

- | | |
|--|---|
| <input type="checkbox"/> Under Slab Plumbing | <input type="checkbox"/> Rough Electric |
| <input type="checkbox"/> Foundation Wall | <input type="checkbox"/> Rough Plumbing |
| <input type="checkbox"/> Mechanical Change-out | <input type="checkbox"/> Lintil |
| <input type="checkbox"/> Electrical Change-out | <input type="checkbox"/> Final Electric |
| <input type="checkbox"/> Temporary Power Pole (T-Pole) | <input type="checkbox"/> Final Mechanical |
| <input type="checkbox"/> Concrete Slab | <input type="checkbox"/> Final Plumbing |
| <input type="checkbox"/> Site | <input type="checkbox"/> Final Building |
| <input type="checkbox"/> Monolithic Footer and Slab | <input type="checkbox"/> Water & Sewer |
| <input type="checkbox"/> Framing | <input type="checkbox"/> Certificate of Occupancy |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Open Floor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Rough Mechanical | <input type="checkbox"/> Other: _____ |

Signature _____ Printed Name _____

Company Name _____ Date _____

Use this space for additional comments: _____