

Town of Leland Building Inspection Fax Request Form

Fax: 371-1158 Phone: 371-3754

Residential Inspection Form

Check the appropriate inspection required. Please attach any additional unlisted inspection in space marked other.

- A signature is **REQUIRED** on all inspections requests. Unsigned forms **WILL NOT** be processed.
- Inspection requested received **PRIOR** to 3pm, will be scheduled for the next business day.
- Do not request an inspection until the work to be inspected is completed.

Permit number: _____ Phone number: _____

Address: _____ Subdivision: _____

- | | |
|---|---|
| <input type="checkbox"/> Under slab plumbing | <input type="checkbox"/> Rough mechanical |
| <input type="checkbox"/> Foundation Wall | <input type="checkbox"/> Rough electrical |
| <input type="checkbox"/> Footers | <input type="checkbox"/> Rough plumbing |
| <input type="checkbox"/> Mechanical change out | <input type="checkbox"/> Sheathing |
| <input type="checkbox"/> Electrical change out | <input type="checkbox"/> Lintel |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Final electrical |
| <input type="checkbox"/> Temporary power pole | <input type="checkbox"/> Final building |
| <input type="checkbox"/> Concrete slab | <input type="checkbox"/> Final mechanical |
| <input type="checkbox"/> Site | <input type="checkbox"/> Final plumbing |
| <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 _____ |

Signature _____ Date: _____

Printed name _____

Company Name _____

Use this space for additional comments: