



Permit # _____ Address of Job: _____

**If Email Address is not provided below, we cannot guarantee you will receive a report. This paper shall remain in the permit box throughout the job and shall remain accessible to the inspector.*

Email Addresses: Home Builder/General Contractor _____

Plumbing Contractor _____

Electrical Contractor _____

Mechanical Contractor _____

Other _____

<u>Inspection Type</u>	<u>Pass</u>	<u>Fail</u>	<u>Partial Pass</u>	<u>Comments (See Back For Notes)</u>
Temporary Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Under-slab Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concrete/Mono Slab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Footers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water/Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rough Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rough Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rough Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lintels (All Lintels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Final Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Final Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical Pre-Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Final Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Final Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

