

## REQUEST FOR INSPECTION

**\*NOTE: You must fill out items 1-6 completely before you FAX this form to Inspector**

**1** Project Name: \_\_\_\_\_  
 Inspection Requested By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Office/Cell or Pager where Inspector can reach you: \_\_\_\_\_  
 Note # Mandatory - 48 hour notice for Concrete / Masonry / Fireproofing / Welding and Fire Alarm, otherwise a 24 hour notice is sufficient.

**2** Location: (Building / Site): \_\_\_\_\_  
 Area: (Room / Column / Line): \_\_\_\_\_

**3** Status     $\rightarrow \rightarrow$     Start     Rough     Ongoing     Finish     Punch     Final

**4** Spec Number: \_\_\_\_\_ Plan Sheet No: \_\_\_\_\_ Detail/RFI - Reference: \_\_\_\_\_

**5**

Footing/Reinf. <input type="checkbox"/>	Glu Lams <input type="checkbox"/>	Title <input type="checkbox"/>	Flooring <input type="checkbox"/>
Forms <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Metal Stud <input type="checkbox"/>	Finishes <input type="checkbox"/>
Fire Sprinklers <input type="checkbox"/>	HVAC <input type="checkbox"/>	Drywall <input type="checkbox"/>	Other <input type="checkbox"/>
Steel <input type="checkbox"/>	Roof <input type="checkbox"/>	Lath <input type="checkbox"/>	Re-Inspection <input type="checkbox"/> Explain: _____
Bolts <input type="checkbox"/>	Electrical <input type="checkbox"/>	Plaster <input type="checkbox"/>	_____
Wood Frame <input type="checkbox"/>	T Bar <input type="checkbox"/>	Cabinets <input type="checkbox"/>	_____

**48 Hour Notice Required**

Concrete     Masonry     Fireproofing     Welding     Fire Alarm     Soils

Mix # \_\_\_\_\_ Date Requested: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ AM / PM

**6** (Superintendent  $\rightarrow$  \_\_\_\_\_ has reviewed the work for which this request is made and has determined that, to the best of his / her knowledge, it has been, or will be completed by the time of the inspection, in conformance with the requirements of the Codes, Specifications and Contract Documents.

**For Inspector Use Only** Inspection No.

**ITEMS INSPECTED ARE  NOT  ACCEPTABLE  CALL FOR RE-INSPECTION**

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INSPECTOR: \_\_\_\_\_ DATE INSPECTED \_\_\_/\_\_\_/\_\_\_