

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 $\rightarrow \rightarrow$ _____ 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 ___/___/___