PERMIT INSPECTION REQUEST

EMAIL REQUEST
FAX REQUEST

ALL REQUESTS MUST BE SUBMITTED PRIOR TO 3:00 P.M. FOR NEXT DAY INSPECTION

Permit #:_________________ Alt Key Number:_________________ Date: __________

PROJECT INFORMATION

PROJECT ADDRESS:__________________________________________________________

OWNER’S NAME:_________________ PHONE:_________________

SITE ADDRESS:____________________________________________________________

PRIMARY CONTRACTOR INFORMATION or OWNER BUILDER PER FL St. 489

NAME of COMPANY:_________________ LICENSE #:_________________

EMAIL ADDRESS:_________________ PHONE #:_________________

PERMIT INSPECTION REQUEST: RESIDENTIAL COMMERCIAL DATE REQUESTED:______________

BUILDING: PLUMBING MECHANICAL ELECTRICAL GAS OTHER
FOOTING 1ST ROUGH ROUGH-IN UNDERGROUND UNDERGROUND M.H. SETUP
STEM WALL 2ND ROUGH FINAL ROUGH-IN ROUGH-IN M.H. FINAL
SLAB SEWER/SEPTIC WATER FINAL FINAL
LINTEL
WALL SHEATHING
ROOF SHEATHING
FRAME
FIREWALL
WIRE LATH
INSULATION
DRYWALL SCREW
ROOF IN PROGRESS / DRY IN
WINDOW ATT.
ROOF DECK NAILING
ROOF TO WALL CONNECTOR
FINAL ROOF
FINAL BUILDING

NOTES:

Signature of Contractor /Owner/Applicant __________________ Print Name of Contractor/Owner/Applicant __________________

01/17/2020