



Facilities Planning Department
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INSPECTION REQUEST/REPORT FORM

PROJECT: _____ **PERMIT NO:** _____
 Location: _____ Date Ready: _____
 Requestor: _____ Phone No.: _____
 Received By: _____ Date: _____
 Time: _____

Inspection Requested (Check): Re-inspection

Building/Structural	Electrical	Plumbing	Mechanical
Foundation	Underground	Underground	Underground
Framing	Rough-in	Rough-in	Rough-in
Sheathing			
Roofing			
			Final Mechanical
			GAS
			Rough Piping
			Final Piping
Final Bldg.	Final Electrical	Final Plumbing	Final Gas

Contractor fill-in above dotted line

Inspector: Firm _____ Fax # _____

Inspection Results: (Circle one) **PASSED** **CONDITIONAL** **NOT READY** **FAILED**
 List areas inspected and result for each. Describe in detail any coder violation

Inspector's Signature: _____ Phone: _____
 Inspection Date: _____ Time In: _____ Time Out: _____

Note: No inspection will be conducted for trades if subcontractors licenses have not been submitted.

ATTACHMENT "H"