



Office of Environmental Health and Safety
 Building Code Administration
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INSPECTION REQUEST/REPORT FORM

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

FILL IN ALL APPLICABLE AREAS OF INSPECTIONS IN THE APPROPRIATE SPACES BELOW

Building/Structural	Electrical	Plumbing	Mechanical
Final Bldg.	Final Electrical	Final Plumbing	Final Mechanical

Contractor fill-in above dotted line

Inspector: Firm/Organization _____
 Inspector: State License Number _____ E-Mail _____
 Inspector: Telephone _____ Fax _____

Inspection Results: (Circle/Underline One) **PASSED** **FAILED**

List areas inspected and result for each. Describe in detail any code violation

Inspection Date: _____ Time In: _____ Time Out: _____

Inspector's Signature: _____