Notice! Calls for inspection will be made the following day.

Warning! NO work requiring inspection shall be covered or concealed until approved. No electrical, plumbing, HVAC or framing shall be covered or concealed nor foundations poured until inspected and approval marked on this card.

Street No. ___________________________ Date Issued ___________________________

Zone ___________________________ Type of Bldg. ___________________________

OWNER

CONTRACTOR: Gen. or Bldg. ___________________________

FOOTINGS ------------------- Approved By ___________________________ Date ___________________________

Remarks ___________________________

FOUNDATION ------------------- Approved By ___________________________ Date ___________________________

Remarks ___________________________

FRAMING ------------------- Approved By ___________________________ Date ___________________________

Remarks ___________________________

FINISHED BUILDING ------------------- Approved By ___________________________ Date ___________________________

Remarks ___________________________

ROUGH PLUMBING ------------------- Approved By ___________________________ Date ___________________________

Remarks ___________________________

FINISHED PLUMBING ------------------- Approved By ___________________________ Date ___________________________

Remarks ___________________________

ELECTRICAL ROUGH ------------------- Approved by ___________________________ Date ___________________________

Remarks ___________________________

ELECTRICAL FINISHED ------------------- Approved by ___________________________ Date ___________________________

Remarks ___________________________

HTG./AIR COND. ROUGH ------------------- Approved by ___________________________ Date ___________________________

Remarks ___________________________

HTG./AIR COND. FINISH ------------------- Approved by ___________________________ Date ___________________________

Remarks ___________________________

Other ___________________________ Date ___________________________

Approved By ___________________________ Date ___________________________

Remarks ___________________________