

Fax: 609-263-1366 construction@seaislecitynj.us

Sea Isle City Inspection Request

ADDRESS _____

TODAY'S DATE _____

PREFERRED INSPT DATE _____

PERMIT # _____

OWNER _____

CONTRACTOR _____

CELL PH# _____ EMAIL _____

BUILDING: FOOTING, FOUNDATION, FOOTING OR STEEL FOR POOL, HIGH WIND, FRAMING, INSULATION, FINAL

PLUMBING: WATER & SEWER U/G SERVICES, SLAB, ROUGH, GAS PIPING, POOL DRAINS, FINAL

ELECTRIC: TEMP POLE, ROUGH, SERVICE, POOL BONDING, ELEVATOR DISCONNECT, FINAL

FIRE: HYDRO TEST, FIRE ALARM, FINAL **MECHANICAL :** GAS PIPING, FINAL

*****Building, Plumbing, Fire & Mechanical inspections are done in the A.M. on Mon, Wed & Fri only
Electrical inspections are done Monday thru Friday in the A.M. within 72 hrs of request*****

Signature

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