

INSPECTION REQUEST

ADDRESS \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

DATE INSP'T REQUESTED \_\_\_\_\_ PERMIT # \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ CONTRACTOR \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

**BUILDING:** FOOTING, FOUNDATION, HIGH WIND, FRAMING, INSULATION, FINAL

**ELECTRICAL:** TEMP POLE, TRENCH, ROUGH, SERVICE, ELEVATOR DISCONNECT, FINAL

**PLUMBING:** WATER & SEWER DISCONNECT, WATER & SEWER U/G SERVICES, SLAB, ROUGH,  
GAS PIPING, WATER & SEWER CONNECTIONS, FINAL

**FIRE:** SUPPRESSION SYSTEM, ALARM, FINAL

**\*\* ELECTRIC/PLUMBING/FIRE INSP'T'S ARE DONE IN EARLY A.M. ON MON, WED & FRIDAY  
BUILDING INSPECTIONS ARE DAILY A.M. OR P.M.\*\***

**COMMENTS/INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Construction Office Fax #1-609-263-1366  
Email: [construction@seaislecitynj.us](mailto:construction@seaislecitynj.us)

\_\_\_\_\_  
Signature

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