

REQUEST FOR INSPECTION

CALL DATE: 3-9-21 TIME _____ : _____ AM / PM

PROPERTY ADDRESS: 531 Piney Point

PERMIT NUMBER: 16731

INSPECTION INFORMATION

DATE PERFORMED: 3-9-21 TIME _____ : _____ AM / PM

INSPECTOR: 1) Bob Baldwin 4) Jason Bienek _____
 2) Cary Moran _____ 5) Other _____
 3) City Engineer _____

| | | |
|-------------------------------------|--------------------------------|---|
| Demolition (Main House) | Sidewalk/Flatwork/Pavers Steel | Electrical Ditch Cover |
| Demolition (Pool Only) | Sidewalk/Flatwork/Paver Final | Electrical TCI |
| Temporary Tree Protection Fencing | Generator Concrete Steel Pad | Electrical Final |
| Pre-Construction Site | Generator Final - Operative | Mechanical Vent Hood |
| Piers | Partial Trench Inspection | Mechanical Grill Seal |
| Foundation Repair | Trench Inspection | Mechanical Box Seal |
| Foundation Steel – Survey Verified | Irrigation Final | Mechanical Air Make Up |
| Hurricane Strapping – Exterior Wall | Fence Partial Post Hole | Mechanical Final |
| Wall Board Exterior | Fence Post Hole | Mechanical Cover (Wine Room) |
| Ridge Height | Fence Final | Mechanical Final (Wine Room) |
| Stair Compliance | Temporary Drainage | Fire Sprinkler Cover |
| Framing Only | Drainage Partial | Fire Sprinkler Final |
| Frame Cover | Drainage Cover | Pool Stake Out & Pool Doc Box Set Up |
| Poly Seal | Drainage Culvert | Deck Steel |
| Insulation | Drainage Final | Deck Final |
| Wall Board Interior | Plumbing Water Line | Pool Final |
| Brick Tie | <u>Plumbing Sewer Line</u> | Pool Electrical Underground |
| Stucco Lathe | Plumbing Ground | Pool Electrical Cover |
| Building Final | Plumbing Shower Pan/Wall Board | Pool Electrical Final |
| Tree Final | Plumbing Gas (GTO- House) | Pool Plumbing Cover |
| Driveway / Partial | Plumbing Cover | Pool Plumbing Vacuum Breaker, P-Trap, Gas Final |
| Driveway / Steel | Plumbing Final | Plumbing Pool Final |
| Driveway Final | Electrical T-Pole | Water Heater Final |

CONTRACTOR NAME: Triple G Plumbing

CONTACT PHONE/EMAIL: 713-594-9919

INSPECTOR COMMENTS: _____

| | |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> PASS | <input type="checkbox"/> FAIL |
| DATE: <u>3-9-21</u> | |
| TIME: <u>9:50</u> | |
| INSPECTOR: <u>Bob B 3330</u> | |

Re-Inspection Fee Required