

REQUEST FOR INSPECTION

CALL DATE: 3-22-21 TIME 10:30 AM/PM
 PROPERTY ADDRESS: 11305 Iris Ave
 PERMIT NUMBER: 17661

INSPECTION INFORMATION

DATE PERFORMED: 3-22-21 TIME 10:30 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	Plumbing Sewer Line	Pool Electrical Underground
Stucco Lathe	Plumbing Ground	Pool Electrical Cover
Building Final	Plumbing Shower Pan/Wall Board	Pool Electrical Final
Tree Final	Plumbing Gas (GT0- House)	Pool Plumbing Cover
Driveway / Partial	Plumbing Cover	Pool Plumbing Vacuum Breaker, P-Trap, Gas Final
Driveway / Steel	Plumbing Final	Plumbing Pool Final
<u>Driveway Final</u>	Electrical T-Pole	Water Heater Final

CONTRACTOR NAME: Supreme Concrete
 CONTACT PHONE/EMAIL: Raquel 832-272-5328
 INSPECTOR COMMENTS: _____

<u>PASS</u> FAIL
DATE: <u>3-22-21</u>
TIME: <u>10:30</u>
INSPECTOR: <u>Jason</u>

Re-Inspection Fee Required

REQUEST FOR STRUCTURAL INSPECTION

CALL DATE: 3-12-21 TIME 9 : 30 AM / PM

PROPERTY ADDRESS: 11305 Iris Lee

PERMIT NUMBER: 17661

- Pass Fail Street Clean In Front of Property- (Nothing in Gutter)
- Pass Fail Dirt, Mud, Construction Tracks in Front of Property
- Pass Fail Trash Anywhere on Property
- Pass Fail O-Tolerance for Lunch Trash This May Result in Project to be Temporarily Shut Down!
- Pass Fail Dumpster full to the Lip & Needs to be Serviced
- Pass Fail Port-O-Can Door Facing Away From Street
- Pass Fail Port-O-Can Screened and/or Needs Maintenance
- Pass Fail Tree Protective Fencing Down
- Pass Fail Filter Fabric Fencing Down
- Pass Fail High Grass and/or Tall Weeds
- Pass Fail Overall Condition of Construction Site Good Poor
- Verbal Warning Site Cleaned at Insp. City Citation Issued City Notified

DATE: _____ TIME _____ AM/PM
INSPECTOR: 1) Jason Bienek 2) Bob Baldwin

INSPECTION TYPE

- | | |
|---|--|
| <ul style="list-style-type: none"> 1. PRE CONSTRUCTION SITE <input type="checkbox"/> 2. PIERS <input type="checkbox"/> 3. FOUNDATION STEEL <input type="checkbox"/> 4. RIDGE HEIGHT <input type="checkbox"/> 5. HURRICANE TIES <input type="checkbox"/> 6. STUCCO LATHE/BRICK TIES <input type="checkbox"/> 7. FRAMING / FRAMING COVER <input type="checkbox"/> 8. BUILDING FINAL <input type="checkbox"/> 9. TREE FINAL <input type="checkbox"/> 10. ROOF Final/ DEMO FINAL <input type="checkbox"/> 11. Generator Steel <input type="checkbox"/> 12. Generator Final <input type="checkbox"/> | <ul style="list-style-type: none"> 1. POOL STAKE OUT/POOL SET-UP <input type="checkbox"/> 2. POOL STEEL <input type="checkbox"/> 3. POOL DECK/PATIO STEEL <input type="checkbox"/> 4. POOL BARRIER <input type="checkbox"/> 4. POOL FINAL <input type="checkbox"/> 1. FENCE POST HOLE <input type="checkbox"/> 2. FENCE FINAL <input type="checkbox"/> <u>1. DRIVEWAY/FLATWORK FORMS</u> <input type="checkbox"/> 2. DRIVEWAY FINAL <input type="checkbox"/> 3. OTHER <input type="checkbox"/> 4. TRENCH <input type="checkbox"/> 5. TEMP FENCING <input type="checkbox"/> |
|---|--|

CONTRACTOR/CALLER NAME: Supreme Concrete

CONTACT TEL/PGR/MOBILE: Rayvel 832-212-5322

INSPECTOR COMMENTS: _____

PASS	FAIL
DATE: <u>3-12-21</u>	
TIME: <u>9:30</u>	
INSPECTOR: <u>JB</u>	

Reinspection fee required