

# REQUEST FOR PLUMBING / MECHANICAL INSPECTION

DATE: 11.3.2014 TIME: \_\_\_\_\_ : \_\_\_\_\_ AM / PM  
 JOB ADDRESS: 11125 N. Country Sq  
 PERMIT NUMBER: P# 13500

- 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

INSPECTOR: chuck Erlund INSPECTION DATE: 11.5.14 *wednesday*

PLUMBING	MECHANICAL
1. Water line <input type="checkbox"/>	1. Vent Hood <input type="checkbox"/>
2. Rough In <input type="checkbox"/>	2. Rough/cover <input type="checkbox"/>
3. Top Out <input type="checkbox"/>	3. Mech Final <input type="checkbox"/>
4. Shower Pan <input type="checkbox"/>	4. Water Heater Final <input type="checkbox"/>
5. Sewer Line <input type="checkbox"/>	5. Fire Sprinkler cover <input type="checkbox"/> <small>(need MVFD approval)</small>
6. WC Flange <input type="checkbox"/>	6. Fire Sprinkler Final <input type="checkbox"/>
7. GTO <input type="checkbox"/>	
8. Plumbing Final <input checked="" type="checkbox"/>	
9. Pool Drainage <input type="checkbox"/>	
10. Site Drainage <input type="checkbox"/>	
11. Irrigation Final <input type="checkbox"/>	
12. Other <input type="checkbox"/>	

17) 688-3890(F)

<b>PASS</b>	<b>FAIL</b>
DATE: <u>11-5-14</u>	
TIME: <u>12 NOON</u>	
INSPECTOR: <u>CE</u>	

CONTRACTOR/CALLER NAME: Gerardo Lima  
 CONTACT TEL/PGR/MOBILE: w/ Gold Plumbing Co., (832) 473-3830 -

INSPECTOR COMMENTS: plumbing final  
PGST Low Pool = OK  
(N) PGTO (Gauge = (P))

Ann: Both gages on F Panel #7

# REQUEST FOR PLUMBING / MECHANICAL INSPECTION

DATE: 11.4.2014 TIME: \_\_\_\_\_ : \_\_\_\_\_ AM / PM  
 JOB ADDRESS: 5 Derham Parc  
 PERMIT NUMBER: P# 13668

- Pass  Fail Street Clean In Front of Property- (Nothing in Gutter)
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\_\_\_\_\_ Verbal Warning \_\_\_\_\_ Site Cleaned at Insp. \_\_\_\_\_ City Citation Issued \_\_\_\_\_ City Notified

INSPECTOR: Chuck Erhlund wednesday  
INSPECTION DATE: 11.5.14

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8. Plumbing Final <input type="checkbox"/>	
9. Pool Drainage <input type="checkbox"/>	
10. Site Drainage <input type="checkbox"/>	
11. Irrigation Final <input type="checkbox"/>	
12. Other <input type="checkbox"/>	

*Sent e-mail.*

<b>PASS</b>	<b>FAIL</b>
DATE: <u>11-5-14</u>	
TIME: <u>2:30</u>	
INSPECTOR: <u>CE</u>	

CONTRACTOR/CALLER NAME: Bac Trac Plumbing  
 CONTACT TEL/PGR/MOBILE: Judy (7) 695-6493 -  
 INSPECTOR COMMENTS: plumbing Top-out re-inspection

OK

# REQUEST FOR ELECTRICAL INSPECTION

DATE: 11-5-14 TIME 11:30 AM / PM

JOB ADDRESS: 5 Decham Parc

PERMIT NUMBER: 13836

INSPECTION DATE:

Codes Used: NFPA 70, NEC 2009 or NEC 2011

ELECTRICAL INSPECTORS: 1) Jason Bienek 2) Dave Whittaker 3)

- |                              |                                     |                               |                          |
|------------------------------|-------------------------------------|-------------------------------|--------------------------|
| 1. Temp Sump Pump Connection | <input type="checkbox"/>            | 1. Electrical Pool Cover      | <input type="checkbox"/> |
| 2. T-pole                    | <input type="checkbox"/>            | 2. Electrical Pool Final      | <input type="checkbox"/> |
| 3. Ditch Cover               | <input type="checkbox"/>            | 1. Generator Ditch Cover      | <input type="checkbox"/> |
| 4. Slab Cover                | <input type="checkbox"/>            | 2. Generator Electrical Final | <input type="checkbox"/> |
| 5. Wall / Ceiling Cover      | <input checked="" type="checkbox"/> | 1. Partial / See Comments     | <input type="checkbox"/> |
| 6. TCI                       | <input type="checkbox"/>            |                               |                          |
| 7. Meter Loop And Service    | <input type="checkbox"/>            |                               |                          |
| 8. Reconnect                 | <input type="checkbox"/>            |                               |                          |
| 9. Electrical Final          | <input type="checkbox"/>            |                               |                          |
| 10. Landscape Lighting Cover | <input type="checkbox"/>            |                               |                          |
| 11. Landscape Lighting Final | <input type="checkbox"/>            |                               |                          |

*paid re-inspection fee.*

PASS	<u>FAIL</u>
DATE:	<u>11-5-14</u>
TIME:	<u>11:30</u>
INSPECTOR:	<u>JB</u>

CONTRACTOR/CALLER NAME: Rom-Ann Electric

CONTACT TEL/PGR/MOBILE: Alvarro 832-236-4819

INSPECTOR COMMENTS:

*Need to sleeve wires for A/C, light and plugs that RUN through brick.*

*Need to insulate wires from gas pipe upstairs.*

Reinspection fee required