

REQUEST FOR PLUMBING / MECHANICAL INSPECTION

DATE: 12.28.2012 TIME: _____ : _____ AM / PM

JOB ADDRESS: 11323 Iris Lee Ln

PERMIT NUMBER: P# 12128

- 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 Erhlund

INSPECTION DATE: 01.02.2013

| 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 (need MVFD approval) | <input type="checkbox"/> |
| 6. WC Flange | <input type="checkbox"/> | 6. Fire Sprinkler Final | <input checked="" type="checkbox"/> |
| 7. GTO | <input type="checkbox"/> | | |
| 8. Plumbing Final | <input type="checkbox"/> | | |
| 9. Pool Drainage | <input type="checkbox"/> | | |
| 10. Site Drainage | <input type="checkbox"/> | | |
| 11. Irrigation Final | <input checked="" type="checkbox"/> | | |
| 12. Other | <input type="checkbox"/> | | |

(713) 622-9970 (f)

| | |
|----------------------|-------------|
| PASS | FAIL |
| DATE: <u>1-2-12</u> | |
| TIME: <u>11:58</u> | |
| INSPECTOR: <u>CE</u> | |

CONTRACTOR/CALLER NAME: Bart Suminski (713) 392-1900

CONTACT TEL/PGR/MOBILE: Houstonian Landscape

INSPECTOR COMMENTS: Irrigation Final

(Handwritten signature/initials)

REQUEST FOR PLUMBING / MECHANICAL INSPECTION

DATE: 12.28.2012 TIME: _____ : _____ AM / PM
 JOB ADDRESS: 11311 Jamestown Rd
 PERMIT NUMBER: PH 11581

- Pass Fail Street Clean In Front of Property- (Nothing in Gutter)
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- 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 Erhlund INSPECTION DATE: 01.02.2013 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 checked="" 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 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"/> | |

(281) 579-8726(f)



| | |
|----------------------|-------------|
| PASS | FAIL |
| DATE: <u>1-2-13</u> | |
| TIME: <u>11:35</u> | |
| INSPECTOR: <u>CE</u> | |

CONTRACTOR/CALLER NAME: Z & C Plumbing Co.
 CONTACT TEL/PGR/MOBILE: Brandon (281) 830-8029
 INSPECTOR COMMENTS: Shower Pan

MPB = 1
Mud = 1
Upst. = 1
3

OK

REQUEST FOR PLUMBING / MECHANICAL INSPECTION

DATE: 01.01.2012 TIME _____ : _____ AM / PM

JOB ADDRESS: 11526 Wendover Ln

PERMIT NUMBER: #11894

- Pass Fail Street Clean In Front of Property- (Nothing in Gutter)
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Mich
201-930-9807

INSPECTOR: Chuck Erbland

Wednesday
INSPECTION DATE: 1-2-2012

| PLUMBING | MECHANICAL |
|----------|------------|
|----------|------------|

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Water line <input type="checkbox"/> 2. <u>Rough In</u> <input checked="" type="checkbox"/> 3. Top Out <input type="checkbox"/> 4. Shower Pan <input type="checkbox"/> 5. Sewer Line <input type="checkbox"/> 6. WC Flange <input type="checkbox"/> 7. GTO <input type="checkbox"/> 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"/> | <p style="font-size: 2em; font-family: cursive;">(713) 774-7114 (F1)</p> |
|---|--|

1. Vent Hood
2. Rough/cover
3. Mech Final
4. Water Heater Final
5. Fire Sprinkler cover (need MVFD approval)
6. Fire Sprinkler Final



| | |
|----------------------|-------------|
| PASS | FAIL |
| DATE: <u>1-2-12</u> | |
| TIME: <u>2:45</u> | |
| INSPECTOR: <u>CE</u> | |

CONTRACTOR/CALLER NAME: Cyndi Lucas (713) 774-9197-

CONTACT TEL/PGR/MOBILE: Stuttens Plumbing

INSPECTOR COMMENTS: plumbing rough in

PGST = OK

100# HOTWT = OK

DWV = OK

Pipes = OK

Venting = OK

OK

REQUEST FOR ELECTRICAL INSPECTION

DATE: 1-2-13 TIME 11:02 AM / PM

JOB ADDRESS: 5 Derham Parc

PERMIT NUMBER: 12015

INSPECTION DATE:

Codes Used: NFPA 70, NEC 2005 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 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 checked="" type="checkbox"/> | | |
| 10. Landscape Lighting Cover | <input type="checkbox"/> | | |
| 11. Landscape Lighting Final | <input type="checkbox"/> | | |

PASS **FAIL**

DATE: 1-2-13

TIME: 11:02

INSPECTOR: JB

CONTRACTOR/CALLER NAME: Martinez Elect

CONTACT TEL/PGR/MOBILE: Juan Martinez 713-254-4481

INSPECTOR COMMENTS:



Reinspection fee required