

REQUEST FOR STRUCTURAL INSPECTION

CALL DATE: 06.20.2013 TIME _____ : _____ AM / PM

PROPERTY ADDRESS: 428 Oak Lane

INSPECTOR NAME: (Mike K...) PH 12542

- 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: 06.21.2013 Friday TIME _____ : _____ AM / PM

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"/> 1. DRIVEWAY/FLATWORK FORMS <input type="checkbox"/> 2. DRIVEWAY FINAL <input type="checkbox"/> 3. OTHER <input type="checkbox"/> 4. TRENCH <input checked="" type="checkbox"/> 5. TEMP FENCING <input type="checkbox"/> |
|---|--|

CONTRACTOR/CALLER NAME: Drain Prostar

CONTACT TEL/PGR/MOBILE: Head to Head - Irrigation

INSPECTOR COMMENTS: partial trench

PASS	FAIL
DATE: <u>6-21-13</u>	
TIME: <u>10:00</u>	
INSPECTOR: <u>MP</u>	

POSTED

(713) 545-3985

OK