

REQUEST FOR PLUMBING / MECHANICAL INSPECTION

DATE: 2-2-21 TIME 11:55 : AM / PM

JOB ADDRESS: 755 Marchmont

PERMIT NUMBER: ~~16695~~ 16695

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

INSPECTOR : Bob Baldwin

INSPECTION DATE: 2-2-21

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 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"/>		

PASS	FAIL
DATE: <u>2-2-21</u>	
TIME: <u>11:55</u>	
INSPECTOR: <u>Bob Baldwin</u>	

CONTRACTOR/CALLER NAME: Alpine Air

CONTACT TEL/PGR/MOBILE: 713 433 5641

INSPECTOR COMMENTS:

☐ Reinspection fee required