

# REQUEST FOR PLUMBING / MECHANICAL INSPECTION

DATE: 2-10-21 TIME:        : AM / PM

JOB ADDRESS: 11120 Memorial Drive

PERMIT NUMBER: 17166

- |   |                               |  |
|---|-------------------------------|--|
| <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>      </u> Good <u>      </u> Poor <u>      </u> |
| <u>      </u> Verbal Warning <u>      </u> Site Cleaned at Insp. <u>      </u> City Citation Issued <u>      </u> City Notified |                               |  |

INSPECTOR : Bob Baldwin

INSPECTION DATE: 2-10-21

## PLUMBING

- |                      |                                     |
|----------------------|-------------------------------------|
| 1. Water line        | <input type="checkbox"/>            |
| 2. Rough In          | <input 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 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"/>            |

## MECHANICAL

- |   |                          |
|---|--------------------------|
| 1. Vent Hood                                    | <input type="checkbox"/> |
| 2. Rough/cover                                  | <input type="checkbox"/> |
| 3. Mech Final                                   | <input type="checkbox"/> |
| 4. Water Heater Final                           | <input type="checkbox"/> |
| 5. Fire Sprinkler cover<br>(need MVFD approval) | <input type="checkbox"/> |
| 6. Fire Sprinkler Final                         | <input type="checkbox"/> |

**PASS**

**FAIL**

DATE: 2-10-21

TIME: 11:30

INSPECTOR: KB 3330

CONTRACTOR/CALLER NAME: Big John's Plumbing

CONTACT TEL/PGR/MOBILE: 281 984 8227

INSPECTOR COMMENTS:

☐ Reinspection fee required