

# REQUEST FOR PLUMBING / MECHANICAL INSPECTION

DATE: 2-5-21 TIME       :        AM / PM

JOB ADDRESS: 20 Farnham Park

PERMIT NUMBER: 15282

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

INSPECTOR : Bob Baldwin

INSPECTION DATE: 2-8-21

## 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: 2-8-21

TIME: 1:15

INSPECTOR: Bob B 3330

CONTRACTOR/CALLER NAME: Touss Plumbing

CONTACT TEL/PGR/MOBILE: Cody 281-485-2036

INSPECTOR COMMENTS: \_\_\_\_\_

☐ Reinspection fee required