

REQUEST FOR STRUCTURAL INSPECTION

CALL DATE: 2-1-21 TIME 11:30 AM / PM

PROPERTY ADDRESS: 11206 Type Ct

PERMIT NUMBER: 17418

- ☐ 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: _____ TIME _____ AM/PM

INSPECTOR 1) Jason Bienek 2) Bob Baldwin

INSPECTION TYPE

- | | |
|--|--|
| <p>1. PRE CONSTRUCTION SITE <input type="checkbox"/></p> <p>2. PIERS <input type="checkbox"/></p> <p><u>3. FOUNDATION STEEL</u> <input type="checkbox"/> stem wall</p> <p>4. RIDGE HEIGHT <input type="checkbox"/></p> <p>5. HURRICANE TIES <input type="checkbox"/></p> <p>6. STUCCO LATHE/BRICK TIES <input type="checkbox"/></p> <p>7. FRAMING / FRAMING COVER <input type="checkbox"/></p> <p>8. BUILDING FINAL <input type="checkbox"/></p> <p>9. TREE FINAL <input type="checkbox"/></p> <p>10. ROOF Final/ DEMO FINAL <input type="checkbox"/></p> <p>11. Generator Steel <input type="checkbox"/></p> <p>12. Generator Final <input type="checkbox"/></p> | <p>1. POOL STAKE OUT/POOL SET-UP <input type="checkbox"/></p> <p>2. POOL STEEL <input type="checkbox"/></p> <p>3. POOL DECK/PATIO STEEL <input type="checkbox"/></p> <p>4. POOL BARRIER <input type="checkbox"/></p> <p>4. POOL FINAL <input type="checkbox"/></p> <p>1. FENCE POST HOLE <input type="checkbox"/></p> <p>2. FENCE FINAL <input type="checkbox"/></p> <p>1. DRIVEWAY/FLATWORK FORMS <input type="checkbox"/></p> <p>2. DRIVEWAY FINAL <input type="checkbox"/></p> <p>3. OTHER <input type="checkbox"/></p> <p>4. TRENCH <input type="checkbox"/></p> <p>5. TEMP FENCING <input type="checkbox"/></p> |
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CONTRACTOR/CALLER NAME: Blue Kite Building

CONTACT TEL/PGR/MOBILE: Teeq 281-475-575

INSPECTOR COMMENTS: _____

PASS	FAIL
DATE: <u>2-1-21</u>	
TIME: <u>11:30</u>	
INSPECTOR: <u>JB</u>	

☐ Reinspection fee required