

REQUEST FOR STRUCTURAL INSPECTION

CALL DATE: _____ TIME _____ : _____ AM / PM

PROPERTY ADDRESS: 11207 Wilding

PERMIT NUMBER: Cory Moran

- ☐ 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

- | | | | |
|----------------------------|--------------------------|-------------------------------|-------------------------------------|
| 1. PRE CONSTRUCTION SITE | <input type="checkbox"/> | 1. POOL STAKE OUT/POOL SET-UP | <input type="checkbox"/> |
| 2. PIERS | <input type="checkbox"/> | 2. POOL STEEL | <input type="checkbox"/> |
| 3. FOUNDATION STEEL | <input type="checkbox"/> | 3. POOL DECK/PATIO STEEL | <input type="checkbox"/> |
| 4. RIDGE HEIGHT | <input type="checkbox"/> | 4. POOL BARRIER | <input type="checkbox"/> |
| 5. HURRICANE TIES | <input type="checkbox"/> | 4. POOL FINAL | <input type="checkbox"/> |
| 6. STUCCO LATHE/BRICK TIES | <input type="checkbox"/> | 1. FENCE POST HOLE | <input type="checkbox"/> |
| 7. FRAMING / FRAMING COVER | <input type="checkbox"/> | 2. FENCE FINAL | <input type="checkbox"/> |
| 8. BUILDING FINAL | <input type="checkbox"/> | 1. DRIVEWAY/FLATWORK FORMS | <input type="checkbox"/> |
| 9. TREE FINAL | <input type="checkbox"/> | 2. DRIVEWAY FINAL | <input type="checkbox"/> |
| 10. ROOF Final/ DEMO FINAL | <input type="checkbox"/> | 3. OTHER | <input type="checkbox"/> |
| 11. Generator Steel | <input type="checkbox"/> | 4. TRENCH | <input type="checkbox"/> |
| 12. Generator Final | <input type="checkbox"/> | 5. TEMP FENCING | <input checked="" type="checkbox"/> |
- Alberto Villazana*
832-435-5443

CONTRACTOR/CALLER NAME: _____

CONTACT TEL/PGR/MOBILE: _____

INSPECTOR COMMENTS: _____

PASS <input checked="" type="checkbox"/>	FAIL <input type="checkbox"/>
DATE: <u>2-11-2021</u>	
TIME: <u>1:30 PM</u>	
INSPECTOR: <u>C Moran</u>	

wood slats in place

☐ Reinspection fee required