

REQUEST FOR STRUCTURAL INSPECTION

CALL DATE: 2-26-21 TIME 12:30 AM / PM

PROPERTY ADDRESS: 22. S. Cheska

PERMIT NUMBER: 17427

- ☐ 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"/> | <u>3. OTHER</u> | <input type="checkbox"/> |
| 11. Generator Steel | <input type="checkbox"/> | 4. TRENCH | <input type="checkbox"/> |
| 12. Generator Final | <input type="checkbox"/> | 5. TEMP FENCING | <input type="checkbox"/> |

CONTRACTOR/CALLER NAME: Bldgs / Promoters

CONTACT TEL/PGR/MOBILE: Todd

INSPECTOR COMMENTS: _____

| PASS | FAIL |
|----------------------|------|
| DATE: <u>2-26-21</u> | |
| TIME: <u>12:30</u> | |
| INSPECTOR: <u>JB</u> | |

☐ Reinspection fee required

REQUEST FOR STRUCTURAL INSPECTION

CALL DATE: 2-24-21 TIME 9:30 AM / PM

PROPERTY ADDRESS: 22 S. Cheska

PERMIT NUMBER: 17427

- ☐ Pass ☐ Fail Street Clean In Front of Property- (Nothing in Gutter)
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☐ Pass ☐ Fail Overall Condition of Construction Site Good Poor
Verbal Warning Site Cleaned at Insp. City Citation Issued City Notified

DATE: 2-24-21 TIME 9:30 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 type="checkbox"/> |

CONTRACTOR/CALLER NAME: Builders and Remodelers

CONTACT TEL/PGR/MOBILE: Todd

INSPECTOR COMMENTS: 281-802-9255

| | |
|----------------------|-------------|
| PASS | <u>FAIL</u> |
| DATE: <u>2-24-21</u> | |
| TIME: <u>9:30</u> | |
| INSPECTOR: <u>JB</u> | |

Need to seal around
windows & door unit @ study
Need to seal wall by old back door

☒ Reinspection fee required

REQUEST FOR STRUCTURAL INSPECTION

CALL DATE: 2-11-21 TIME 10:30 AM / PM

PROPERTY ADDRESS: 22 S. Cheska

PERMIT NUMBER: 17427

- ☐ Pass ☐ Fail Street Clean In Front of Property- (Nothing in Gutter)
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Verbal Warning Site Cleaned at Insp. City Citation Issued City Notified

DATE: _____ TIME _____ AM/PM

INSPECTOR: 1) Jason Bienek 2) Bob Baldwin

INSPECTION TYPE

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| 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 type="checkbox"/> |
- interior wall Board*

CONTRACTOR/CALLER NAME: Builders And Promoters

CONTACT TEL/PGR/MOBILE: Todd

INSPECTOR COMMENTS: 281-802-9255

| PASS | FAIL |
|----------------------|------|
| DATE: <u>2-11-21</u> | |
| TIME: <u>10:30</u> | |
| INSPECTOR: <u>JB</u> | |

☐ Reinspection fee required

REQUEST FOR STRUCTURAL INSPECTION

CALL DATE: 2-1-21 TIME 11:00 AM / PM

PROPERTY ADDRESS: 22 S. Cheska

PERMIT NUMBER: 17427

- ☐ Pass ☐ Fail Street Clean In Front of Property- (Nothing in Gutter)
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Verbal Warning Site Cleaned at Insp. City Citation Issued City Notified

| | | |
|-----------------------------------|-------------|----------------------|
| DATE: _____ | TIME: _____ | AM/PM |
| INSPECTOR: <u>1) Jason Bienek</u> | | 2) Bob Baldwin _____ |

INSPECTION TYPE

- | | |
|---|---|
| <div style="display: flex;"> <div style="flex: 1;"> <ol style="list-style-type: none"> 1. PRE CONSTRUCTION SITE <input type="checkbox"/> 2. PIERS <input type="checkbox"/> 3. FOUNDATION STEEL <input type="checkbox"/> 4. RIDGE HEIGHT <input type="checkbox"/> 5. HURRICANE TIES <input type="checkbox"/> 6. STUCCO LATHE/BRICK TIES <input type="checkbox"/> 7. FRAMING / FRAMING COVER <input type="checkbox"/> 8. BUILDING FINAL <input type="checkbox"/> 9. TREE FINAL <input type="checkbox"/> 10. ROOF Final/ DEMO FINAL <input type="checkbox"/> 11. Generator Steel <input type="checkbox"/> 12. Generator Final <input type="checkbox"/> </div> <div style="flex: 1; font-style: italic; color: brown; font-size: 1.2em; margin-left: 10px;"> insulation </div> </div> | <div style="display: flex;"> <div style="flex: 1;"> <ol style="list-style-type: none"> 1. POOL STAKE OUT/POOL SET-UP <input type="checkbox"/> 2. POOL STEEL <input type="checkbox"/> 3. POOL DECK/PATIO STEEL <input type="checkbox"/> 4. POOL BARRIER <input type="checkbox"/> 4. POOL FINAL <input type="checkbox"/> 1. FENCE POST HOLE <input type="checkbox"/> 2. FENCE FINAL <input type="checkbox"/> 1. DRIVEWAY/FLATWORK FORMS <input type="checkbox"/> 2. DRIVEWAY FINAL <input type="checkbox"/> 3. OTHER <input checked="" type="checkbox"/> 4. TRENCH <input type="checkbox"/> 5. TEMP FENCING <input type="checkbox"/> </div> <div style="flex: 1; font-style: italic; color: brown; font-size: 1.2em; margin-left: 10px;"> </div> </div> |
|---|---|

CONTRACTOR/CALLER NAME: Buildings (Promoter)

CONTACT TEL/PGR/MOBILE: Todd 281-802-9256

INSPECTOR COMMENTS: _____

| | |
|----------------------|-------------|
| PASS | FAIL |
| DATE: <u>2-1-21</u> | |
| TIME: <u>11:00</u> | |
| INSPECTOR: <u>JB</u> | |

☐ Reinspection fee required