



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY
 Building Code Administration
 124 Mendenhall Building "A"
 Tallahassee, Florida 32306-4154
 Phone: 850.644.7686 Fax: 850.644.4238 Web: www.safety.fsu.edu

INSPECTION REQUEST/REPORT FORM

Project: _____ **Permit No.:** _____

Location: _____ **Date:** _____

Requestor: _____ **Phone Number:** _____

Received By: _____ **Date Ready:** _____ **Time*:** AM PM

Notes/Directions/Job Site Ph.:

**Inspectors will attempt to meet the requested time.*

Inspection Requested (check):

Building/Structural	Electrical	Plumbing	Mechanical
<input type="checkbox"/> Footing	<input type="checkbox"/> Underground	<input type="checkbox"/> Underground	<input type="checkbox"/> Duct Rough-in
<input type="checkbox"/> Slab	<input type="checkbox"/> Floor Rough-in	<input type="checkbox"/> Rough-in	<input type="checkbox"/> Steam Piping & Test
<input type="checkbox"/> Masonry	<input type="checkbox"/> Wall Rough-in	<input type="checkbox"/> Stack Piping & Test	<input type="checkbox"/> HW Piping & Test
<input type="checkbox"/> Wall/Ceiling	<input type="checkbox"/> Ceiling Rough-in	<input type="checkbox"/> Water Piping & Test	<input type="checkbox"/> CHW Piping & Test
<input type="checkbox"/> Framing	<input type="checkbox"/> Panel/Feeder	<input type="checkbox"/> Gas Piping & Test	<input type="checkbox"/> Condens. Piping & Test
<input type="checkbox"/> Structural	<input type="checkbox"/> Service/Ground	<input type="checkbox"/> Storm Piping & Test	<input type="checkbox"/> Insulation
<input type="checkbox"/> Sheetrock	<input type="checkbox"/> Appliance/Equipment	<input type="checkbox"/> Fixtures	<input type="checkbox"/> Wall & Ceiling
<input type="checkbox"/> Roofing	<input type="checkbox"/> Lightning Protection	<input type="checkbox"/> Equipment	<input type="checkbox"/> Equipment
<input type="checkbox"/> Re-inspection	<input type="checkbox"/> Re-inspection	<input type="checkbox"/> Re-inspection	<input type="checkbox"/> Re-inspection
<input type="checkbox"/> Final Building	<input type="checkbox"/> Final Electrical	<input type="checkbox"/> Final Plumbing	<input type="checkbox"/> Final Mechanical
<input type="checkbox"/> Other Inspection Type: _____			

Inspector: _____

Inspection Firm: _____ **Phone Number:** _____

Time of Inspection: In _____ Out _____

Inspection Results: Passed Conditional Failed Not Ready

Conditions/Comments:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Inspector's Signature: _____ **Date:** _____