

# REQUEST FOR STRUCTURAL INSPECTION

CALL DATE: 1-5-21 TIME 12:10 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

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

CONTRACTOR/CALLER NAME: Bluebite Building

CONTACT TEL/PGR/MOBILE: MAH 281-785-5480

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

<input checked="" type="checkbox"/> PASS	<input type="checkbox"/> FAIL
DATE: <u>1-5-21</u>	
TIME: <u>12:10</u>	
INSPECTOR: <u>JB</u>	

Reinspection fee required