

REQUEST FOR STRUCTURAL INSPECTION

CALL DATE: 1-19-21 TIME 11:20 AM/PM

PROPERTY ADDRESS: 11419 Shadow Way

PERMIT NUMBER: 17052

- 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. <u>STUCCO LATHE/ BRICK TIES</u> | <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: Matt Powers

CONTACT TEL/PGR/MOBILE: Dewey

INSPECTOR COMMENTS: 713-545-0557

<input checked="" type="checkbox"/> PASS	<input type="checkbox"/> FAIL
DATE: <u>1-19-21</u>	
TIME: <u>11:20</u>	
INSPECTOR: <u>JB</u>	

Reinspection fee required