

REQUEST FOR STRUCTURAL INSPECTION

CALL DATE: 1-19-21 TIME 11:10 AM/PM

PROPERTY ADDRESS: 440 Flint Point

PERMIT NUMBER: 17439

- 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

- | | |
|---|--|
| <ul 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"/> | <ul 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"/> <u>3. OTHER</u> <input type="checkbox"/> 4. TRENCH <input type="checkbox"/> 5. TEMP FENCING <input type="checkbox"/> |
|---|--|

CONTRACTOR/CALLER NAME: Chris Chandler

CONTACT TEL/PGR/MOBILE: 310-982-0292

INSPECTOR COMMENTS: _____

| | |
|----------------------|-------------|
| PASS | FAIL |
| DATE: <u>1-19-21</u> | |
| TIME: <u>11:10</u> | |
| INSPECTOR: <u>JB</u> | |

Reinspection fee required