REQUEST FOR INSPECTION

| CALL DATE: 11-18 -22 TIME : TIME | | |
|---|--------------------------------------|--------------------------------------|
| PROPERTY ADDRESS: 1/502 Shadow Way PERMIT NUMBER: 19378 | | |
| INSPECTOR | | |
| Bob Baldwin | | |
| Demolition | Generator Concrete Steel Pad | Mechanical Cover |
| Temporary Tree Protection Fencing | Generator Final - Operative | Mechanical Vent Hood |
| Pre-Construction Site | Fence Post Hole | Mechanical Grill Seal |
| Piers | Fence Final | Mechanical Box Seal |
| Foundation Repair | Pool Stake Out & Pool Doc Box Set Up | Mechanical Air Make Up |
| Foundation Steel – Survey Verified | Deck Steel / Pool Steel | Mechanical Final |
| Hurricane Strapping – Exterior Wall | Deck Final / Pool Final | Mechanical Change Out |
| Wall Board Exterior | Roof Final | Mechanical Cover (Wine Room) |
| Ridge Height - Verification | Synthetic Turf | Mechanical Final (Wine Room) |
| Stair Compliance | Electrical T-Pole | Sewer Disconnect |
| Framing Only | Electrical Cover | Plumbing Water Line |
| Frame Cover | Electrical Ditch Cover | Plumbing Sewer Line |
| Poly Seal | Electrical TCI | Plumbing Ground |
| Insulation | Electrical Reconnect | Plumbing Shower Pan/Wall Board |
| Wall Board Interior | Pool Electrical Underground | Plumb Gas: House / Pool / Generator |
| Brick Tie | Pool Electrical Cover | Plumbing Cover |
| Stucco Lathe | Pool Electrical Final | Plumbing Final |
| Building Final | Electrical Final | Pool Plumbing Cover |
| Tree Final | Temporary Drainage | Pool Plumbing Vacuum Breaker, P-Trap |
| Driveway / Steel | Drainage Partial | Plumbing Pool Final |
| Driveway Final | Drainage Cover | Water Heater Final |
| Sidewalk/Flatwork/Pavers Steel | Drainage Final | Irrigation Trench / Final |
| Sidewalk/Flatwork/Paver Final | Fire Sprinkler Cover / Final | Other/Miscellaneous |
| CONTRACTOR NAME: Champion Plumbers TX (PASS) FAIL | | |
| CONTACT PHONE/EMAIL: 8-830-5192 DATE: 11-218-22 | | |
| | | TIME: 11:45 |
| INSPECTOR: HAR 3330 | | |
| Re-Inspection Fee Required | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |