

FAX: 609-263-1366

construction@seaislecitynj.us

**Sea Isle City Inspection Request**

ADDRESS \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

PREFERRED INSPT DATE \_\_\_\_\_ PERMIT # \_\_\_\_\_

OWNER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_

CELL PH# \_\_\_\_\_ EMAIL \_\_\_\_\_

**BUILDING:** FOOTING, FOUNDATION, FOOTING OR STEEL FOR POOL, HIGH WIND, FRAMING,  
INSULATION, FINAL

**PLUMBING:** WATER & SEWER DISCONNECT, WATER & SEWER U/G SERVICES, SLAB, ROUGH,  
GAS PIPING, MAIN DRAIN FOR POOL, FINAL

**ELECTRIC:** TEMP POLE, TRENCH, ROUGH, SERVICE, POOL BONDING, ELEVATOR DISCONNECT, FINAL

**FIRE:** HYDRO TEST, FIRE ALARM, FINAL

**MECHANICAL :** GAS PIPING, FINAL

***\*\*INSPECTIONS ARE DONE IN A.M. ON MONDAY, WEDNESDAY AND FRIDAY  
WITHIN 72 HRS OF SUBMITTED REQUEST\*\****

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Signature