

# Sea Isle City Inspection Request

FAX: 609-263-1366 / EMAIL: [construction@seaislecitynj.us](mailto:construction@seaislecitynj.us)

ADDRESS \_\_\_\_\_

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

PREFERRED INSPT DATE \_\_\_\_\_

PERMIT # \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

OWNER \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

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

**PLUMBING:** WATER & SEWER U/G SERVICES, SLAB, ROUGH, GAS PIPING, POOL DRAINS, FINAL

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

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

**MECHANICAL:** GAS PIPING, FINAL

*ALL INSPECTIONS ARE DONE IN THE A.M. ON MONDAY, WEDNESDAY, & FRIDAYS ONLY!  
ALL REQUESTS MUST BE SUBMITTED 48 - 72 HOURS IN ADVANCE OF REQUESTED DATE!*

***SAME DAY INSPECTIONS WILL NOT BE SCHEDULED!!!!!!***

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Signature