

Sea Isle City Inspection Request

FAX: 609-263-1366 / EMAIL: 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!!!!!!

Signature