

<p align="center">City of Brigantine Construction Office Inspection Request Form Tel: (609) 266-7600 x261, Fax: (609) 266-6625</p>	<p align="center">City of Brigantine Construction Office Inspection Request Form Tel: (609) 266-7600 x261, Fax: (609) 266-6625</p>	<p align="center">City of Brigantine Construction Office Inspection Request Form Tel: (609) 266-7600 x261, Fax: (609) 266-6625</p>
Today's Date: _____	Today's Date: _____	Today's Date: _____
Requested Inspection Date: _____	Requested Inspection Date: _____	Requested Inspection Date: _____
Property Owner: _____	Property Owner: _____	Property Owner: _____
Location: _____	Location: _____	Location: _____
Block/Lot: _____	Block/Lot: _____	Block/Lot: _____
Permit Number: _____	Permit Number: _____	Permit Number: _____
<input type="checkbox"/> Bldg <input type="checkbox"/> Elect <input type="checkbox"/> Plum <input type="checkbox"/> Fire	<input type="checkbox"/> Bldg <input type="checkbox"/> Elect <input type="checkbox"/> Plum <input type="checkbox"/> Fire	<input type="checkbox"/> Bldg <input type="checkbox"/> Elect <input type="checkbox"/> Plum <input type="checkbox"/> Fire
<input type="checkbox"/> Footing <input type="checkbox"/> Temp Pole <input type="checkbox"/> Footing/Bonding <input type="checkbox"/> Electric Service <input type="checkbox"/> Foundation <input type="checkbox"/> Gas Pressure Test <input type="checkbox"/> Rough _____ LBS <input type="checkbox"/> Insulation <input type="checkbox"/> Water & Sewer <input type="checkbox"/> Sheetrock <input type="checkbox"/> Final <input type="checkbox"/> Other: _____	<input type="checkbox"/> Footing <input type="checkbox"/> Temp Pole <input type="checkbox"/> Footing/Bonding <input type="checkbox"/> Electric Service <input type="checkbox"/> Foundation <input type="checkbox"/> Gas Pressure Test <input type="checkbox"/> Rough _____ LBS <input type="checkbox"/> Insulation <input type="checkbox"/> Water & Sewer <input type="checkbox"/> Sheetrock <input type="checkbox"/> Final <input type="checkbox"/> Other: _____	<input type="checkbox"/> Footing <input type="checkbox"/> Temp Pole <input type="checkbox"/> Footing/Bonding <input type="checkbox"/> Electric Service <input type="checkbox"/> Foundation <input type="checkbox"/> Gas Pressure Test <input type="checkbox"/> Rough _____ LBS <input type="checkbox"/> Insulation <input type="checkbox"/> Water & Sewer <input type="checkbox"/> Sheetrock <input type="checkbox"/> Final <input type="checkbox"/> Other: _____
Special Instructions: _____	Special Instructions: _____	Special Instructions: _____
Requested By: _____	Requested By: _____	Requested By: _____
Phone# _____	Phone# _____	Phone# _____
Office Use Results: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Office Use Results: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Office Use Results: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Inspector Comments: _____	Inspector Comments: _____	Inspector Comments: _____
Inspected By: _____ Date: _____	Inspected By: _____ Date: _____	Inspected By: _____ Date: _____
Assigned to : _____ File Location: _____	Assigned to : _____ File Location: _____	Assigned to : _____ File Location: _____