

ELECTRICAL INSPECTION REQUEST

CONTRACTOR/HOMEOWNER:

DATE:

CONTRACTOR REGISTRATION #:

PHONE OR CELLULAR #:

FAX #:

PAGER #:

(1) PERMIT #:

INSPECTOR:

JOB ADDRESS/DIRECTIONS (Include City and County, nearest main intersection):

TYPE OF INSPECTION:

RESIDENTIAL COMMERCIAL SERVICE TEMP METER
 TEMP HEAT RELEASE MOBILE HOME OTHER

ROUGH IN FINAL REINSPECTION
 PARTIAL UNDERGROUND

INSTRUCTIONS/COMMENTS (List special arrangements, call first, lock box combination etc.):

(2) PERMIT #:

INSPECTOR:

JOB ADDRESS/DIRECTIONS (Include City and County, nearest main intersection):

TYPE OF INSPECTION:

RESIDENTIAL COMMERCIAL SERVICE TEMP METER
 TEMP HEAT RELEASE MOBILE HOME OTHER

ROUGH IN FINAL REINSPECTION
 PARTIAL UNDERGROUND

INSTRUCTIONS/COMMENTS (List special arrangements, call first, lock box combination etc.):

** Please fax your request to your inspector. Fax numbers are listed on the inspectors page.