

BUILDING INSPECTION REQUEST FORM

BOROUGH OF KEYPORT CONSTRUCTION DEPARTMENT

PROJECT ADDRESS: _____

TAX MAP KEY: _____

PROJECT CONTACT PERSON: _____

PHONE # & EMAIL ADDRESS: _____

BUILDING PERMIT NUMBER: _____

INSPECTION REQUESTED TO BE HELD ON THE FOLLOWING DATE: _____

COMMENTS: _____

REQUESTED INSPECTION TYPE:

BUILDING	PLUMBING	FIRE	ELECTRIC	MECHANICAL
FOOTING	ROUGH	ROUGH	ROUGH	ROUGH
DECK/STAIR FOOTING	PRESSURE	OTHER	SERVICE	OTHER
FOUNDATION	SLAB/UNDERGROUND	FINAL	OTHER	FINAL
BACKFILL	BACKFLOW		FINAL	
PERIMETER DRAINS	OTHER			
SLAB	FINAL			
SHEATHING				
FRAMING				
INSULATION				
ROOF TRUSS				
FINAL				

ALL INSPECTION REQUESTS MUST BE MADE IN WRITING AT LEAST 24 HRS PRIOR TO REQUESTED INSPECTION. 5:23-2.18(c)

TO SUBMIT REQUEST FORM:

1. DELIVER BY HAND: 70 W. FRONT ST 8:30 AM-4 PM
2. SEND VIA FAX: 732-739-3479
3. SEND VIA EMAIL: FILL FORM & SEND AS AN ATTACHMENT TO:
SCLARK@KEYPORTONLINE.COM