



VILLAGE OF ITASCA COMMUNITY DEVELOPMENT DEPARTMENT

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INSPECTION REQUEST FORM

INSPECTION RESULTS APPROVED DENIED CONDITIONAL (SEE NOTES)

PERMIT #: _____

ADDRESS: _____

JOB NAME: _____

DATE & TIME REQUEST: _____

CONTRACTOR: _____

E-MAIL: _____

PHONE#: _____

TYPE OF INSPECTION: _____

TRADE: BUILDING ELECTRIC HVAC PLUMBING WATER METER FIRE DISTRICT

REINSPECTION: YES NO NOTE: \$75 REINSPECTION FEE MUST BE PAID PRIOR TO SCHEDULING

INSPECTION RESULTS/NOTES: _____

INSPECTOR'S NAME: _____ DATE: _____

OFFICE USE ONLY					
FIRE DISTRICT CONTACTED	YES	NO	PUBLIC WORKS CONTACTED FOR WATER METER	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
RESINSPECTION REQUIRED	YES	NO	REINSPECTION FEE PAID	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	CHECK#: _____ DATE: _____	<input type="checkbox"/>	<input type="checkbox"/>