

BAL HARBOUR

- V I L L A G E -

BUILDING DEPARTMENT INSPECTION REQUEST FORM

Email completed form to: inspections@balharbourfl.gov prior to 3:00 pm.

PROJECT ADDRESS: _____

PERMIT NUMBER(S): _____

INSPECTION DAY & DATE:

Building	<input type="checkbox"/> Monday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	Date:
Electrical	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday		Date:
Mechanical	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday		Date:
Plumbing	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday		Date:

TYPE OF INSPECTION:

BUILDING		
<input type="checkbox"/> Notice of Commencement	<input type="checkbox"/> Tie Beam/Reinforcing – Floor 2	<input type="checkbox"/> Roofing Cap Sheet / Hot Mop
<input type="checkbox"/> NPDES	<input type="checkbox"/> Roof/Floor Truss Brace – Floor 1	<input type="checkbox"/> Roofing Tile Placement
<input type="checkbox"/> Piling	<input type="checkbox"/> Slab – Floor 2	<input type="checkbox"/> Roofing Time of Installation
<input type="checkbox"/> Pile Caps / Grade Beams	<input type="checkbox"/> Fill Cells / Columns – Floor 2	<input type="checkbox"/> Tin Cap/Dry In/Base Sheet
<input type="checkbox"/> Footers	<input type="checkbox"/> Lintel / Tie Beams – Floor 2	<input type="checkbox"/> Ceilings Rough
<input type="checkbox"/> Formwork Elevation Cert.	<input type="checkbox"/> Tie Beam/Reinforcing – Roof	<input type="checkbox"/> Bucks
<input type="checkbox"/> Foundation/Monolithic Slab	<input type="checkbox"/> Framing	<input type="checkbox"/> Waterproofing
<input type="checkbox"/> Slab Elevation Cert.	<input type="checkbox"/> Soundproofing / Insulation	<input type="checkbox"/> Pool Piles / Footers
<input type="checkbox"/> Slab – General	<input type="checkbox"/> Lathing / Drywall	<input type="checkbox"/> Pool Deck
<input type="checkbox"/> Slab – Floor 1	<input type="checkbox"/> Fire Penetration Affidavit	<input type="checkbox"/> Pool Steel
<input type="checkbox"/> Fill Cells / Columns – Floor 1	<input type="checkbox"/> Firestopping/Fire Penetration	<input type="checkbox"/> Final Elevation Cert.
<input type="checkbox"/> Lintel / Tie Beams – Floor 1	<input type="checkbox"/> Railing Anchor	<input type="checkbox"/> Building Final

ELECTRICAL	MECHANICAL	PLUMBING
<input type="checkbox"/> Foundation Grounding/ Underground	<input type="checkbox"/> Rough	<input type="checkbox"/> Ground/Underground Rough
<input type="checkbox"/> Slab – Floor 1	<input type="checkbox"/> Final	<input type="checkbox"/> Sewer and/or Relay
<input type="checkbox"/> Slab – Floor 2		<input type="checkbox"/> Sewer Pressure Test
<input type="checkbox"/> Rough	LANDSCAPING	<input type="checkbox"/> Rough
<input type="checkbox"/> Temp for Test	<input type="checkbox"/> Final	<input type="checkbox"/> Pool Piping
<input type="checkbox"/> Temporary Service		<input type="checkbox"/> Pool Main Drain
<input type="checkbox"/> Pool Bonding	GAS	<input type="checkbox"/> Final
<input type="checkbox"/> Pool Deck Bonding	<input type="checkbox"/> Rough	
<input type="checkbox"/> Pool Grounding	<input type="checkbox"/> Gas Pressure Test	OTHER
<input type="checkbox"/> Pool Wet Niche	<input type="checkbox"/> Final	<input type="checkbox"/> Zoning Final
<input type="checkbox"/> Final		<input type="checkbox"/> Public Works Final

FLOODPLAIN MANAGEMENT	
<input type="checkbox"/> Formwork Elevation Certificate (pre pour)	<input type="checkbox"/> Electrical Equipment @ BFE + 1
<input type="checkbox"/> Slab Elevation Certificate (after pour)	<input type="checkbox"/> Mechanical Equipment @ BFE + 1
<input type="checkbox"/> Flood Vents (Single Family)	<input type="checkbox"/> Dry Flood-proofing (Commercial)

INSPECTION COMMENTS: _____

INSPECTION CONTACT:

Name:	
Position to Project:	
Cell Phone Number:	
Email:	