FIELD INSPECTION SLIP

DATE _____

120 EAST MAIN STREET
VERNON, MI 48476
PHONE 989-288-2300 FAX 989-288-2057

INSPECTION REQUESTED FOR: PROPERY OWNER

PERMIT #_____ DATE: _____ TIME_____ PHONE # _____

DATE OF INSPECTION _____ INSPECTER _____

PROPERTY ADDRESS _____

DIRECTIONS _____

OWNER _____ CONTRACTOR _____

☐ CALL FOR RE-INSPECTION:

☐BUILDING ☐FOUNDATION ☐ROUGH IN ☐FINAL ☐OTHER _____ ☐APPROVED _____ ☐PENDING

☐ELECTRICAL ☐SERVICE ☐ROUGH IN ☐FINAL ☐OTHER _____ ☐APPROVED _____ ☐PENDING

☐MECHANICAL ☐UNDERGROUND ☐ROUGH IN ☐FINAL ☐OTHER _____ ☐APPROVED _____ ☐PENDING

☐PLUMBING ☐UNDERGROUND ☐ROUGH IN ☐FINAL ☐OTHER _____ ☐APPROVED _____ ☐PENDING

	CODE SECTION