



City of Decatur
INSPECTION REQUEST
FAX # 404-370-0691

INSTRUCTIONS:

The inspection request must be received on a regular business day by 4:00 P.M. the day before the requested date of inspection. Please complete all section of this inspection request and do not include a cover sheet. Fax completed inspection requests to 404-370-0691.

TODAY'S DATE: REQUESTED DATE OF INSPECTION:

JOB ADDRESS: Is this in a Historic District? () Yes () No

PERMIT NUMBER(S): PLEASE INCLUDE ALL PERTINENT PERMIT NUMBERS - BUILDING, PLUMBING, HVAC

PROPERTY OWNER'S NAME:

CONTRACTOR'S / COMPANY NAME:

NAME OF LICENSE HOLDER:

CONTACT NAME: CONTACT NUMBER: ()

RETURN FAX NUMBER (REQUIRED): ()

TYPE (S) OF INSPECTION REQUESTED:

- BUILDING: () PARTIAL, () FOOTING/SLAB, () FRAMING, () INSULATION, () FINAL, () REINSPECTION
PLUMBING: () PARTIAL, () SLAB, () ROUGH, () SEWER, () WATER LINE, () FINAL, () REINSPECTION
HVAC: () PARTIAL, () ROUGH, () GAS LINE, () FINAL, () REINSPECTION
OTHER: PLEASE SPECIFY:

SPECIAL INSTRUCTIONS: PLEASE PROVIDE PERTINENT INFORMATION FOR THE BUILDING INSPECTOR SUCH AS LOCKBOX CODE, LOCATION OF LOCKBOX KEY, MORNING OR AFTERNOON INSPECTION REQUEST, ETC.)

NOTE: REINSPECTION FEE REQUIRED IF JOB IS NOT ACCESSIBLE. ESCORT REQUIRED FOR OCCUPIED HOMES.

Blank lines for special instructions.

HAS REINSPECTION FEE(S) BEEN PAID? () Yes () No Amount Paid \$ Receipt #: Date Paid

*****Please note: Incomplete Inspection Requests will not be accepted. A return Fax Number is required. Notification of code deficiencies will be returned via fax. We will make every effort to perform the inspection on the requested date but cannot guarantee an inspection on a requested date.*****