



# BUILDING DEPARTMENT

802 E. Doyle Street, Toccoa, GA 30577

Beth Rider  
706-898-5750

## INSPECTION REQUEST FORM

BUILDING, MECHANICAL, ELECTRICAL, PLUMBING, MOBILE HOME

**Note:** Please type or print - Complete all Fields applicable

DATE OF REQUEST:		PERMIT NUMBER:	
ADDRESS OF PROPERTY:			

Submit requests by:

Email	honorcodeinspect@gmail.com and brider@stephenscountyga.gov
Subject Line	Inspection Request

JOB SITE CONTACT INFORMATION	
SITE CONTACT NAME	
SITE CONTACT NUMBER	
CONTACT EMAIL	

Inspection Type (place a check next to the inspection type you are requesting)

	BUILDING	MECHANICAL	PLUMBING
<input type="checkbox"/>	Footing	<input type="checkbox"/>	Plumbing Slab
<input type="checkbox"/>	Deck Footing	<input type="checkbox"/>	Plumbing Rough-in
<input type="checkbox"/>	Foundation Wall		Plumbing Final
<input type="checkbox"/>	Monolithic Slab	ELECTRICAL	
<input type="checkbox"/>	Slab	<input type="checkbox"/>	Temp Pole
<input type="checkbox"/>	Deck	<input type="checkbox"/>	Temporary Power (new Const. )
<input type="checkbox"/>	Insulation	<input type="checkbox"/>	Swimming Pool Bonding
<input type="checkbox"/>	Framing Rough-in	<input type="checkbox"/>	Wall Cover
<input type="checkbox"/>	Pool Steel Matt Bond	<input type="checkbox"/>	Disconnect/Reconnect
<input type="checkbox"/>	Building Final	<input type="checkbox"/>	Electrical Rough-in
<input type="checkbox"/>	Final Re-inspection	<input type="checkbox"/>	Electrical Final

COMMENTS/JOB SITE DIRECTIONS

TO CALL FOR INSPECTIONS PLEASE HAVE THE FOLLOWING:			
PERMIT #	NAME ON PERMIT	ADDRESS	TYPE OF INSPECTION
CALLERS NAME AND PHONE NUMBER			