

CITY OF SACHSE BUILDING INSPECTIONS

OFFICE # 972-675-1633

FAX # 972-675-9812

ALL INSPECTIONS MUST BE FAXED PRIOR TO 12:00 P.M (MIDNIGHT)

DIRECTIONS:USE THIS FORM FOR RESIDENTIAL INSPECTION REQUEST. PLEASE PRINT CLEARLY.

PLEASE PLACE A CHECK IN THE APPROPRIATE BOX FOR A FIRST CALL INSPECTION
OR PLACE AN "R" IN THE BOX FOR **RE-INSPECTION**.

NO INSPECTION WILL BE PERFORMED IF THE INSPECTION TYPE IS OMITTED OR INCORRECT ADDRESS

** ONLY ONE ADDRESS PER FORM WILL BE ACCEPTED **

INITIALS OF INSPECTOR

* RE-INSPECTION CIRCLE LU, MT, EH, DF ←

DATE: _____

ADDRESS : _____

BLDR/COMPANY: _____

SUBVID: _____

YOUR NAME: _____

BUILDING INSPECT.	PLMBG INSPECT.	HEAT / AC INSPECT.	ELECT INSPECT
FOUND	P/R	DUCT RGH	U/T ELECT
FRAME	PLBG 2NDS	DUCT 2NDS	ELECT 2NDS
FINAL C/O	FINAL C/O	FINAL C/O	ELECT C/O
INSULATE WALL	TAC30.290.46(J)		T- POLE
WINDOWS INSP.	U/T - GAS	BACKFLOW PREVENTION ASSEMBLY TEST	
SHEATHING	SEWER	GRADING / DRAINAGE SURVEY	
SHEETROCK	LEAD TEST	First BMP Erosion and Sediment Control	
FLAT WORK			

POOL

BELLY STEEL	
DECK STEEL	
P-TRAP	
PRE-PLASTER FINAL	

OCCUPANCY INSPECTIONS

DATE	RECPT #	CK-CASH

REMARKS : _____

xxxxxxxxxxxxx (DO NOT WRITE BELOW THIS SECTION BELOW INSPECTORS ONLY) xxxxxxxxxxxxx

INSPECTOR: _____ **COMMENTS:** _____

FEES

\$50.00	<input type="checkbox"/>	\$150.00	<input type="checkbox"/>	\$ OTHER	<input type="checkbox"/>
\$100.00	<input type="checkbox"/>	\$200.00	<input type="checkbox"/>		

INSPECTORS COMMENTS: _____

RELEASE UTILITY

DATE: _____	T-POLE	<input type="checkbox"/>	ELECT	<input type="checkbox"/>
INTS : _____			GAS	<input type="checkbox"/>