

TOWN OF OAK BLUFFS BUILDING DEPT. INSPECTION
REQUEST

TODAYS DATE: _____ MAP: _____ PARCEL: _____
PERMIT # _____ PROJECT ADDRESS: _____
Off What Main Road: _____
PROPERTY OWNER: _____ TEL NO: _____
ADDRESS & EMAIL _____

BUILDING / MECHANICAL **CIRCLE REQUESTS BELOW**

FOOTINGS / FOUNDATION PLYWOOD ROUGH FRAME INSULATION
PROGRESS OTHER FINAL RE-INSPECTION

WIRING PLUMBING GAS **CIRCLE REQUESTS BELOW**

TRENCH / UNDERGROUND TEMP SERVICE PERM SERVICE BONDING
ROUGH PROGRESS OTHER FINAL RE-INSPECTION

CONTRACTOR: _____ PHONE: _____

AS PER MASS GENERAL LAWS, Chapter 143 Section 3, Inspection requests must be made in writing; Please make requests by mail, email, fax or in person at the Building Dept. Office.

Tel: 508-693-3554, Ext. 122 Fax: 508-693-5375 Email: inspectors@oakbluffsma.gov

Inspector Use Only

INSPECTION RESULTS

NOT READY FOR INSPECTION

NO ACCESS / REAPPLY

PASSED

FAILED

FULL COMPLIANCE

PARTIAL COMPLIANCE

UNACCEPTABLE METHOD(S)

SEE NOTES:

INSPECTOR **DATE**