

# PERMIT INSPECTION REPORT

**INSTRUCTION:** Complete and return to: \_\_\_\_\_

PERMIT NO.	DATE ISSUED	COUNTY
APPLICANT	CONTRACTOR	PHONE NUMBER

Intermediate inspection  Final inspection

Work has been started:  Yes  No

Work covered by permit has been completed satisfactorily:  Yes  No

Permit can be cancelled:  Yes  No

REMARKS (Include reasons for the above recommendations)

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PERMIT ACTIVITY PROGRESS			
DATE	TIME		REMARKS
	FROM	TO	

DATE	FROM	TO	REMARKS
<b>TOTAL # OF HOURS</b>			

INSPECTOR (Signature)	TITLE	DATE
ACCEPTED BY: (TSC Utilities-Permits Engineer)		DATE