SANDYSTON TOWNSHIP

133 Route 645 - Sandyston, NJ 07826
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PLEASE COMPLETE THE FOLLOWING FORM TO SCHEDULE YOUR INSPECTION

As the Owner/Contractor/Responsible Agent, with an open permit at this property, I understand that under the Uniform Construction Code Regulations, inspections are required to take place within three business days of the time for which it was requested. By submitting this inspection request, I agree and acknowledge that there may be times when the Local Enforcing Agency cannot meet that requirement, due to unforeseen circumstances, such as but not limited to; sickness, vacation, workload and inclement weather. This notice shall represent an attestation that the work has been completed in conformance with the Code and is ready for inspection. I further agree that work shall not proceed in a manner which will preclude the inspection(s) until it has been made.

The following information is required. Your request WILL NOT be processed without this information.

1. Provide the permit number, project address and property owner's name.
2. Select the applicable Subcodes and indicate the inspection type you are requesting.
3. Indicate the inspection dates you are requesting.
4. The inspection request will be confirmed by the Building Department Staff via email.

Permit # _____ Property Owner Name: _____

Address: _____

Requestor Name: _____Phone #: _____

Email: _____

SUBCODE: Tuesday 12:00-4:00 and Thursday 7:30-1:00

Building: _____ Electrical: _____ Plumbing: _____ Fire: _____ Mechanical: _____

Inspection Type: _____

Date: 1.) _____ 2.) _____3.) _____ (Please choose 3 dates, date will be confirmed via email)

Date Scheduled and Confirmed by: _____