

PALM BEACH COUNTY PLANNING, ZONING AND BUILDING DEPARTMENT BUILDING DIVISION

GENERAL INSPECTION

THE UNDERSIGNED HEREBY APPLIES FOR AN INSPECTION OF STRUCTURE.

INSPECTION FOR PERMIT NUMBER:			DATE:			
NAME OF APPLICANT:						
ADDRESS OF APPLICANT	.					
CITY:			ZIP	:		
PHONE NUMBER OF APPLICANT:			EMAIL:			
PROPERTY OWNER'S NAM	IE IF OTHER TH	IAN APPLICA	NT:			
ADDRESS OF INSPECTI	ON:					
CITY:			ZIP:			
			Sigr	nature of Applicant		
INTERNAL OFFICE USE ONLY To be completed by Building Division Staff						
☐ Structural	☐ Electrical	☐ Mechani	cal □ Plui	mbing Other		
□ INSPECT TO COMPLETE PERMIT #						
□ INSPECT TO CANCEL PERMIT # VERIFY SCOPE OF WORK WAS NOT PERFORMED OR HAS BEEN REMOVED						
PERMIT DESCRIPTION/SCOPE OF WORK:						
NOTE TO INSPECTOR:					_	
INSPECTION AREA:						
DAY: DATE:	INSPECTOR:		RESULT:	RELEASED:		
DAY: DATE:	INSPECTOR:		RESULT:	METERS:		

VIEW INSPECTION RESULTS ONLINE AT HTTP://PBCGOV.COM/PZB/BUILDING OR CALL 561.233.5170 FOR INSPECTION RESULTS