

Request for Inspection and Testing

For Projects Inspected by Airport or Public Works Inspectors Only
For Building Department inspections, follow Building Department procedures

SUBMIT REQUEST TO: _____

Airport Planning and Development – Project Coordinator

Fax: 408-573-1671

Office: 408-501-_____

REQUEST FOR INSPECTION & TESTING

Project Name: _____

Requested By – Prime Contractor: _____

Subcontractor: _____

Contact Name(s): _____ Phone No.: _____

Date of Request: _____ Date & Time Inspection Needed: _____

(Minimum 24 hrs from time and date of receipt, except weekends & holidays.)

Description of Inspection: _____ (Be specific. Define limits and conditions.)

Location:

Name of Inspector: _____ Inspection Duration: _____ hrs

Inspection Completed: Yes No

Item Ready For Inspection: Yes No

This is a Re-inspection: Yes No

Date & Time: _____

If item not ready, contractor may be charged for inspection.

Comments: