THE SCHOOL DISTRICT OF PALM BEACH COUNTY
BUILDING DEPARTMENT

Inspection Request

FACILITY	PROJECT		INSPECTION NO.
REQUESTED BY	TELEPHONE ( ) -	INSPECTOR	PERMIT NO.

Trade *(check one)*

☐ Building   ☐ Plumbing   ☐ Fire Alarm   ☐ Electrical Systems
☐ Electrical   ☐ Mechanical   ☐ Fire Sprinkler   ☐ Roofing

Inspection Type *(check one)*

☐ Above Ceiling   ☐ Duct Rough   ☐ Insulation   ☐ Slab
☐ Above Ground   ☐ Equipment Room   ☐ Pressure Test   ☐ Structure
☐ Accessibility   ☐ Final   ☐ Reinspection   ☐ Temporary
☐ Ansul   ☐ Fire Safety   ☐ Roofing Installation   ☐ Tilt Wall (Building only)
☐ Chiller Plant   ☐ Foundation   ☐ Service   ☐ Underground
☐ Demolition   ☐ Generator   ☐ Site   ☐ Wall Rough

Inspection Date _____ Reinspection Number _____

Inspection Area / Description

_____
_____
_____

Comments

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☐ Approved

☐ Approved with comments
   Reinspection Required

☐ Failed
   Reinspection Required

_____   _____
SIGNATURE OF INSPECTOR   *DATE*