

Address: _____

Contractor: _____

Inspections

Passed Failed Date

		Passed	Failed	Date
	Set Back			
	Erosion Control			
	In-Ground Plumbing			
	Slab/Foundation/Footing <input type="checkbox"/> Treated for Termites			
	Sewer Tap Connection			
	Rough In:			
	Framing			
	Electrical			
	Plumbing			
	HVAC			
	Insulation/Roof Ventilation			
	Electrical for Power <input type="checkbox"/> Flint <input type="checkbox"/> GA Power			
	Final:			
	Electrical <input type="checkbox"/>			
	HVAC <input type="checkbox"/>			
	Plumbing <input type="checkbox"/>			
	Landscaping <input type="checkbox"/>			
	Building/CO <input type="checkbox"/>			
	Trim Outs:			
	Other:			