BUILDING DEPARTMENT
TOWNSHIP OF WEST ORANGE
66 MAIN STREET, WEST ORANGE, N.J. 07052
TEL: 973-325-4112
EMAIL: WOBUILDING@WESTORANGE.ORG

INSPECTION REQUEST FORM:

SUBMISSION DATE: _____ TIME: _____
PROJECT ADDRESS: _____
PERMIT NUMBER: _____
CONTACT PERSON NAME: _____
CONTACT PERSON TEL: _____
CONTACT PERSON EMAIL: _____

REQUESTED INSPECTION TYPE (Check the box)

SUBCODE:

☐ BUILDING ☐ ELECTRICAL ☐ FIRE ☐ PLUMBING ☐ MECHANICAL

TYPE OF INSPECTION:

☐ ROUGH ☐ FOOTING ☐ FOUNDATION ☐ FRAME ☐ AB. CEILING ☐ SLAB

☐ BACKFILL ☐ INSULATION ☐ PRESSURE TEST ☐ FINAL ☐ OTHER:_____

COMMENTS: _____

INSPECTION DATE/TIME: _____
(TO BE FILLED OUT BY OFFICE)

All new Inspection Request Forms must be filed under the most current Construction Codes adopted by the New Jersey Department of Community Affairs (NJ DCA). For more information, view NJ DCA Code and Regulations. All inspection requests must be in writing 5:23-2.18(c) at least 24 hours prior to the requested inspection date.