BOROUGH OF VICTORY GARDENS

337 SOUTH SALEM ST
VICTORY GARDENS NJ 07801
973-366-5312 FAX 973-366-9711
INSPECTIONREQUEST@VICTORYGARDENSNJ.GOV

Construction Permit Inspection Request

Permit #: _____ Property Owner Name: _____

Property Address: _____

Requestor Name and Email Address: _____

_____

(Phone number **only** if no email access): _____

SUBCODE:

Building _____ Fire _____ Electrical ____ Plumbing _____ Mechanical ____

Inspection Type _____ (i.e., rough, framing, final)

Inspection Date(s) requested: (1) _____ (2) _____ (3) _____

(Please choose 3 dates and allow at least one business day to have this request processed)

The inspection request must be confirmed by the Building Department Staff before it is added to the schedule. If you do not receive confirmation you are not on the schedule.

For Building Dept. only:

Date Scheduled and Confirmed by Building Department: _____

In compliance with The New Jersey Uniform Construction Code N.J.A.C. 5:23-2.18(c) and 5:23-4.16