CITY OF HEMET DEPARTMENT OF LIFE SAFETY

Application for Non-Construction Inspection

Property Address:	Date:
Assessor Parcel Number:	Lot Number:
Type of Inspection Requested:	
☐ Special Housing Inspection	
☐ Utility Release ____ Gas _____ Electrical	
☐ Other:	
Construction Type: ☐ SFR ☐ Mobile Home ☐ Multi-Family: ___ # Units ☐ Commercial	
Property Owner:	Applicant:
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone: ( ) -	Telephone: ( ) -
Contact Person: Telephone: ( ) -	Email:

By my signature below, I certify to each of the following: I am the property owner or authorized to act on the property's behalf. I have read this application and the information I provided is correct. I agree to comply with all applicable city and county ordinances and state laws relating to building construction. I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

Property Owner/or Authorized Agent Signature: _____ Date: _____