City of Brigantine

Construction Office Inspection Request Form

Tel: (609) 266-7600 x262, Fax: (609) 266-6625

construction@brigantinebeachnj.com

Today's Date: _____

Requested Inspection Date: _____

Property Owner: _____

Location: _____

Block/Lot: _____

Permit Number: _____

( )Bldg ( )Elect ( )Plum ( )Fire

( )Footing
( )Footing/Bonding
( )Foundation
( )Rough
( )Insulation
( )Sheetrock
( )Other: _____

( )Temp Pole
( )Electric Service
( )Gas Pressure Test _____LBS
( )Water & Sewer
( )Final

Special Instructions:

Requested By: _____

Phone#

Office Use

Results: ( ) Pass ( ) Fail

Inspector Comments:

Inspected By: Date:

Assigned to : File Location:

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