

City of Brigantine Construction Office Inspection Request Form Tel: (609) 266-7600 x262, Fax: (609) 266-6625 construction@brigantinebeachnj.com		City of Brigantine Construction Office Inspection Request Form Tel: (609) 266-7600 x262, Fax: (609) 266-6625 construction@brigantinebeachnj.com		City of Brigantine Construction Office Inspection Request Form Tel: (609) 266-7600 x262, Fax: (609) 266-6625 construction@brigantinebeachnj.com	
Today's Date: _____		Today's Date: _____		Today's Date: _____	
Requested Inspection Date: _____		Requested Inspection Date: _____		Requested Inspection Date: _____	
Property Owner: _____		Property Owner: _____		Property Owner: _____	
Location: _____		Location: _____		Location: _____	
Block/Lot: _____		Block/Lot: _____		Block/Lot: _____	
Permit Number: _____		Permit Number: _____		Permit Number: _____	
() Bldg () Elect () Plum () Fire		() Bldg () Elect () Plum () Fire		() Bldg () Elect () Plum () Fire	
☐ Footing ☐ Footing/Bonding ☐ Foundation ☐ Rough ☐ Insulation ☐ Sheetrock ☐ Other: _____		☐ Temp Pole ☐ Electric Service ☐ Gas Pressure Test ☐ _____ LBS ☐ Water & Sewer ☐ Final ☐ Other: _____		☐ Footing ☐ Footing/Bonding ☐ Foundation ☐ Rough ☐ Insulation ☐ Sheetrock ☐ Other: _____	
Special Instructions: _____		Special Instructions: _____		Special Instructions: _____	
Requested By: _____		Requested By: _____		Requested By: _____	
Phone# _____		Phone# _____		Phone# _____	
Office Use		Office Use		Office Use	
Results: () Pass () Fail		Results: () Pass () Fail		Results: () Pass () Fail	
Inspector Comments: _____		Inspector Comments: _____		Inspector Comments: _____	
Inspected By: _____ Date: _____		Inspected By: _____ Date: _____		Inspected By: _____ Date: _____	
Assigned to : _____ File Location: _____		Assigned to : _____ File Location: _____		Assigned to : _____ File Location: _____	