



**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF PLANNING AND NATURAL RESOURCES
DIVISION OF PERMITS**

STX DISTRICT TEL: (340) 773-1082 STT/STJ DISTRICT TEL: (340) 774-3320

INSPECTION REQUEST FORM

Date: _____ REQUESTED BY: _____ PHONE: _____

(Please Print Clearly)

NAME OF OWNER: _____

LOCATION OF BUILDING: _____

BUILDING PERMIT NO.: _____ BUILDER: _____

ELECTRICAL PERMIT NO.: _____ ELECTRICIAN: _____

PLUMBING PERMIT NO.: _____ PLUMBER: _____

PLEASE GIVE EXPLICIT WRITTEN AND/OR GRAPHIC DIRECTIONS TO THE PROPERTY

BUILDING	ELECTRICAL	PLUMBING	FLOOD
<input type="checkbox"/> Footings/Cistern Bottom	<input type="checkbox"/> Floor Slab	<input type="checkbox"/> Floor Slab	<input type="checkbox"/> Floor Slab
<input type="checkbox"/> Foundation/Footings/Floor Slab	<input type="checkbox"/> Rough-in (Walls)	<input type="checkbox"/> Rough-in (Walls)	<input type="checkbox"/> Certificate of Elevation
<input type="checkbox"/> Walls	<input type="checkbox"/> Temporary Power	<input type="checkbox"/> Main Distribution Line/Sewage System	
<input type="checkbox"/> Columns			
<input type="checkbox"/> Beams	<input type="checkbox"/> Meter Relocation	<input type="checkbox"/> Mechanical	
<input type="checkbox"/> Roof	<input type="checkbox"/> Re-inspection	<input type="checkbox"/> Re-inspection	
<input type="checkbox"/> Re-inspection	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
<input type="checkbox"/> Other _____	_____	_____	

NOTE: Pursuant to Title 29 Chapter 5 § 294 (b) of the VI code, an approved set of plans should be readily available to Inspectors and the permit shall be prominently displayed at the site of work.

*****Work shall not be done beyond the point indicated above inspection request without obtaining approval to proceed to the next phase.*****

DEPARTMENTAL USE ONLY

BUILDING/FLOOD	ELECTRICAL	PLUMBING/MECHANICAL
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail
<input type="checkbox"/> Discrepancies	<input type="checkbox"/> Discrepancies	<input type="checkbox"/> Discrepancies
Inspected By: _____	Inspected By: _____	Inspected By: _____
Date: _____	Date: _____	Date: _____