

FAXED INSPECTION REQUEST FORM (PLEASE PRINT)

Complete all of the information below and fax to Buncombe County Permits and Inspections Department at the following numbers:

250-6083 or 250-6084

This form may be faxed 24 hours a day, 7 days a week, but we must receive it by no later than 8:00 AM the day you want the inspection.

Date: _____

Permit Number: _____

Owners Name: _____

Phone Number: _____

Address of Inspection: _____

Contractor: _____ State Lic # _____

Phone Number: _____

Person Requesting Inspection: _____

Date Inspection Requested: _____

Directions: _____

Indicate Type of Inspection Requested:

- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Footing | <input type="checkbox"/> Fireplace/Firebox | <input type="checkbox"/> Plumbing Under | <input type="checkbox"/> Gas Piping | <input type="checkbox"/> Saw Service |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Insulation | <input type="checkbox"/> Rough Plumbing | <input type="checkbox"/> Rough Mechanical | <input type="checkbox"/> Rough Electrical |
| <input type="checkbox"/> Concrete Slab | <input type="checkbox"/> Building Final | <input type="checkbox"/> Plumbing Final | <input type="checkbox"/> Mechanical Final | <input type="checkbox"/> Electrical Final |
| <input type="checkbox"/> Framing | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

