



Date :

Log #

(Constr. Office Use Only)

CODE INSPECTION OR QUALITY ASSURANCE FORM

PROJECT:

PERMIT NO:

Location:

Requester:

Telephone No:

Requested Day/Date:

Time [AM] [PM]

E-MAIL:

IS THIS A REINSPECTION? Yes (if Yes, *original Log#* required above.)
 No

X in box Requested

Building/Structural	Electrical	Plumbing	Mechanical	Site
Footing	Underground	Underground	Duct Rough-In	Sanitary
Slab	Floor Rough-In	Rough-In	Steam Piping & Test	Storm Water
Masonry	Wall Rough-In	Stack Piping & Test	HW Piping & Test	Water Main
Wall/Ceiling	Ceiling Rough-In	Water Piping & Test	CHW Piping & Test	Fire Main
Framing	Panel/Feeder	Gas Piping & Test	Cond. Piping & Test	BackFlows
Structural	Service/Ground	Fixtures	Insulation	Sub-base (roadway)
Sheetrock	Equipment	Equipment	Wall & Ceiling	Asphalt
Roofing	Lightning Protection	Final	Equipment	Sidewalks
Final	Final		Final	Irrigation
Other	Other	Other	Other	Other

Additional Description:

BELOW IS TO BE FILLED OUT BY FLAGLER COUNTY BUILDING DEPARTMENT ONLY

ROUNDRIP MILEAGE

CODE INSPECTION QUALITY ASSURANCE CHECK

BES 1.7

BTES 20

BTMS 12

BTSRC 13

FPCHS 5.1

ITMS 20

MHS 29

OKES 9.1

RES 9.1

WES 11

OTHER

RESULTS: PASSED FAILED CANCELLED

Conditions/Comments:

1)

2)

3)

HOURS:

MILES:

FCBD WORK ORDER #

Signature:

Date: