

INSPECTION - Commercial



Building Inspections & Permits Division
 302 S. Madison Avenue, Douglas, GA 31533 | Phone: 912-389-3423
 Email: spridgen@cityofdouglasga.gov or dmittenen@cityofdouglasga.gov



Permit Number: _____ **Date:** _____

Address: _____ **Lot #:** _____

BUILDING	ELECTRICAL	PLUMBING
<input type="checkbox"/> Building Partial Final	<input type="checkbox"/> Cover-Up	<input type="checkbox"/> Final
<input type="checkbox"/> Building Temp Final	<input type="checkbox"/> Electrical Slab	<input type="checkbox"/> Re-Pipe
<input type="checkbox"/> Deep Foundation	<input type="checkbox"/> Final	<input type="checkbox"/> Rough
<input type="checkbox"/> Dry-In	<input type="checkbox"/> Pictures on File	<input type="checkbox"/> TCO/PCO or PST
<input type="checkbox"/> Drywall Fastening	<input type="checkbox"/> Rough	<input type="checkbox"/> Top-Out
<input type="checkbox"/> Elevated Flatwork/Flashing	<input type="checkbox"/> Swimming Pool Grounding	<input type="checkbox"/> Water and Sewer
<input type="checkbox"/> Fill Cell	<input type="checkbox"/> TCO/PCO or PST	ROOF
<input type="checkbox"/> Final	<input type="checkbox"/> Underground Service Coverup	<input type="checkbox"/> Final
<input type="checkbox"/> Final Curtain Wall	FIRE	<input type="checkbox"/> Roofing in Progressory/Dry-In
<input type="checkbox"/> Fire Safety Final	<input type="checkbox"/> Final	SIGN
<input type="checkbox"/> Footing	<input type="checkbox"/> Fire Alarm Test Report	<input type="checkbox"/> Fill Cell
<input type="checkbox"/> Framing	<input type="checkbox"/> Fire Pump Test Report	<input type="checkbox"/> Final
<input type="checkbox"/> Handicap Accessibility Inspection	<input type="checkbox"/> Fire Safety Final	<input type="checkbox"/> Footing
<input type="checkbox"/> Insulation	<input type="checkbox"/> Flush	
<input type="checkbox"/> Landscape	<input type="checkbox"/> Pressure Testing	
<input type="checkbox"/> Lathing	<input type="checkbox"/> TCO/PCO or PST	
<input type="checkbox"/> Open Floor Framing	<input type="checkbox"/> Visual	
<input type="checkbox"/> Pre-Demolition Safety	LANDSCAPE	
<input type="checkbox"/> PRV Insp Final	<input type="checkbox"/> Final	
<input type="checkbox"/> Rated Wall	<input type="checkbox"/> Handicap Accessibility Inspection	
<input type="checkbox"/> Roof Sheathing	<input type="checkbox"/> Landscape	
<input type="checkbox"/> Roof/Wall Sheathing Residential	<input type="checkbox"/> Tree Barricade	
<input type="checkbox"/> Slab (Prior to Pouring Concrete)	MECHANICAL	
<input type="checkbox"/> Stock and Training	<input type="checkbox"/> Final	
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Grease Duct Light Test	
<input type="checkbox"/> TCO/PCO Landscape	<input type="checkbox"/> Mechanical Slab	
<input type="checkbox"/> TCO/PCO/ or PST	<input type="checkbox"/> Pressure Testing	
<input type="checkbox"/> Threshold Inspection Report	<input type="checkbox"/> Rough	
<input type="checkbox"/> Tie-Beam	<input type="checkbox"/> TCO/PCO or PST	
<input type="checkbox"/> Tree Barricade	MOBILE HOME	
<input type="checkbox"/> Wall Sheathing	<input type="checkbox"/> Final	

PASS **FAIL** (Call for re-Inspection when items noted below are completed.)

INSPECTOR SIGNATURE: _____

COMMENTS: _____

