



FINAL INSPECTION APPLICATION

INSPECTION FEE: **\$50** (prior to inspection)

FINAL INSPECTION INFORMATION:

PROJECT #'s: _____ BUILDING PERMIT #'s: _____

SITE ADDRESS: _____ CITY: _____

SUBDIVISION NAME: _____ LOT: _____ BLOCK: _____

TAX PARCEL NUMBER(s): _____

APPLICANT (Please Print): **CONTACT (Please Print):**

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____	CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ FAX: _____	TELEPHONE: _____ FAX: _____
EMAIL: _____	EMAIL: _____

OFFICE USE ONLY

RECIPT #: _____

On _____ a final inspection was conducted of the subject site. It was determined that the project:

Complies with the Conditions of Approval for the approved zoning application

Does Not Comply and must complete the following:

1. _____
2. _____
3. _____
4. _____

PLANNER: _____ DATE: _____

SURETY AGREEMENT Expiration Date Entered into DAPS

Cc: Building Inspector