

# Building Inspection Request Form



Applicant's Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reference no. \_\_\_\_\_

Date \_\_\_\_\_

The Superintendent of Roads & Works  
St Thomas Parish Council  
11 Church Street,  
Morant Bay P.O.  
St Thomas

Dear Sirs,

I hereby request site inspection as follows:

Applicant: \_\_\_\_\_

Location of Site: \_\_\_\_\_

Type of Development: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Applicant's Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Requested Inspection Date: \_\_\_\_\_

Please tick appropriate box below.

Inspection Type Requested	(√)	Re-Inspection	Date
Building Layout			
Foundation trench & Steel work			
Lintel, Arches etc.			
Beam, Belt Beam			
Slab Roof / Floor Reinforcement			
Timber Roof Framing			

Other Inspection

Type \_\_\_\_\_ Date \_\_\_\_\_

\*Inspectors will attempt to meet the requested date. Please send request within three (3) days of the inspection date and inform the council if there will be rescheduling of the date in advance.

**For Official Use Only**

Inspector's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_