



FLORIDA A&M UNIVERSITY

Department of Environmental Health and Safety
Building Code

Fax to (850) 599-8024 OR EMAIL COMPLETED
FORM TO blackl@leonschools.net
Copy: Gerred.Pogge@famu.edu

Date _____

PROJECT: _____

PERMIT No: _____

Inspection Location: _____

Date Requested: _____

Contact Persons Name _____

Phone #: _____

Requested Inspection Time*: _____

Requestor: _____

*Inspectors will *attempt* to meet the requested time.

Requested Inspection Date: _____

Return This Form To: _____

Fax # _____

Description of Work and Trade to be inspected:

Other Inspection Type: _____

INSPECTORS REPORT – DO NOT WRITE BELOW THIS LINE

Area Inspected: _____

Inspection Results: [PASSED] [CONDITIONAL] [PARTIAL] [FAILED] [NOT READY]

Inspectors Comments – Conditions - Corrections Listing:

Inspector's Signature _____ Date: _____