

CITY OF BIXBY

REQUEST FOR INSPECTION

FAX: 918.366.6373 or PHONE 918.366.0415

PHONE REQUESTS OR FAXES MUST BE RECEIVED BY 8:00 A.M. TO REQUEST SAME-DAY INSPECTIONS.

Date of Request: _____ **Time of Request:** _____
Permit Number: _____ **Builder:** _____
Address: _____ **Sub-Division:** _____
Requested By: _____ **Requested Inspection :**
Phone Number: _____ **Date:** _____ **A.M.** _____ **P.M.** _____

<u>BUILDING</u>	<u>ELECTRIC</u>	<u>PLUMBING</u>	<u>MECHANICAL</u>
____ FOOTING	____ TEMP POLE	____ ROUGH	____ ROUGH SLAB
____ SLAB	____ TEMP BLDG	____ SEWER	____ OH DUCTS
____ FRAME	____ SLAB ELECTRIC	____ WATER	
	____ ROUGH	____ TOP OUT	
		____ GAS	
____ OTHER*	____ OTHER*	____ OTHER*	____ OTHER*
____ FINAL	____ FINAL	____ FINAL	____ FINAL
____ RE-INSPECT	____ RE-INSPECT	____ RE-INSPECT	____ RE-INSPECT

* OTHER:

INSPECTION REMARKS:

APPROVED: _____ **DATE** _____ **INSPECTOR:** _____
DISAPPROVED: _____ **TIME:** _____
_____ **DATE:** _____ **INSPECTOR:** _____
_____ **TIME:** _____