

# FACILITY INSPECTION REPORT

DATE: \_\_\_\_\_

PERMIT # \_\_\_\_\_

FEE \$25.00

Site Address: \_\_\_\_\_

Owner/Tenant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please explain the proposed use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Office Space    \_\_\_\_ Manufactured Home    \_\_\_\_ Restaurant    \_\_\_\_ Day Care    \_\_\_\_ Other

PLANNING & ZONING REQUIREMENTS: \_\_\_\_\_

PLANNING & ZONING APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_

## BUILDING

- \_\_\_ DRIVEWAY INSTALLATION
- \_\_\_ REPAIR/REPLACE EXTERIOR WALLS
- \_\_\_ PAINT EXTERIOR WALLS
- \_\_\_ REPAIR/REPLACE ROOF SHINGLES
- \_\_\_ REPAIR ROOF
- \_\_\_ REPAIR/REPLACE INTERIOR WALLS
- \_\_\_ REPAIR/REPLACE WALLS COVERING
- \_\_\_ REPAIR/REPLACE KITCHEN CABINETS
- \_\_\_ REPAIR/REPLACE CEILINGS
- \_\_\_ PROVIDE FLOOR BLOCKS & SHIELDS
- \_\_\_ REPAIR/ REPLACE WINDOWS
- \_\_\_ REPAIR/REPLACE DOORS
- \_\_\_ REPAIR/REPLACE ALL SCREENS
- \_\_\_ PROVIDE ATTIC ACCESS
- \_\_\_ PROVEDE ATTIC OUTLET AND LIGHT

## PLUMBING

- \_\_\_ NEW/REPLACE WATERLINES
- \_\_\_ NEW/REPLACE SEWER LINES
- \_\_\_ REPLACE/INSTALL PLUMBING FIXTURES
- \_\_\_ INSTALL BACKFLOW PREVENTER
- \_\_\_ NEW SEWER TAP
- \_\_\_ GREASE TRAP INSTALLATION
- \_\_\_ SAMPLING POINT TEST
- \_\_\_ WATER PRESSURE TEST

## ELECTRICAL

- \_\_\_ NEW SERVICE
- \_\_\_ WORKING CLEARANCE
- \_\_\_ NEW WIRING, PANEL BOX
- \_\_\_ REPLACE OUTLETS LIGHTS OR FANS
- \_\_\_ INSTALL BATTERIES OR HARD WIRE, SMOKE DETECTORS
- \_\_\_ WATER PRESSURE TEST

*ALL WORK SHALL BE PERFORMED BY LICENSED & BONDED CONTRACTORS AND ALL WORK SHALL BE INSTALLED AS PER CODES ADOPTED BY THE CITY OF EDINBURG*

FIRE DEPARTMENT REQUIREMENTS: \_\_\_\_\_

FIRE DEPARTMENT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

CODE ENFORCEMENT INSPECTOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

RELEASE POWER    \_\_\_ YES    \_\_\_ NO    \_\_\_ SEE COMMENTS