



**BUILDING & SAFETY DEPARTMENT
INSPECTION REQUEST FORM**

Permit: KCB-_____ - _____

Job Site Address: _____

Today's Date: ____/____/____

Applicant Name: _____

Phone: (____) _____ - _____

Owners Name: _____

Phone: (____) _____ - _____

****ALL INSPECTIONS REQUIRE A 24 HOUR NOTICE & MAY BE SUBJECT TO CHANGE****

Inspection Date requested: ____/____/____

Inspection: Rough Final Other: _____

Inspection Type:

Electrical Foundation Framing Gas/Heating

Plumbing Roof Steel

Time Preference: AM (8am-12pm) PM (1pm-3pm) No Preference

Description: _____

Email Building Inspections to Mark McClain: mmcclain@kingcity.com