

FROM \_\_\_\_\_

Site Contact Name & Phone Number \_\_\_\_\_

School Name \_\_\_\_\_

Permit # \_\_\_\_\_

TO: *Building Code Services*

**ATTENTION:**

*Rosa.Ayala@palmbeachschools.org*

*Mary.Murphy@palmbeachschools.org*

*Deanna.Cruz@palmbeachschools.org*

TRADE (Building / Electrical / Mechanical / Plumbing / Electrical Systems)	INSPECTION TYPE	INSPECTION AREA / DESCRIPTION	INSPECTION DATE	AFTER HOURS? (check box if YES)

**ACCEPTABLE INSPECTION TYPES:**

- |               |                |                      |             |
|---------------|----------------|----------------------|-------------|
| Above Ceiling | Drywall        | Generator            | Site        |
| Above Ground  | Duct Rough     | Insulation           | Slab        |
| Accessibility | Equipment Room | Pre-CSIR             | Structural  |
| Ansul         | Final          | Pressure Test        | Temporary   |
| Chiller Plant | Fire Safety    | Re-inspection        | Tilt Wall   |
| Demolition    | Foundation     | Roofing Installation | Underground |
|               |                | Service              | Wall Rough  |

**1) CUT OFF TIME FOR NEXT DAY  
INSPECTIONS IS 3:00 PM**

**2) TWO (2) DAY ADVANCE NOTICE REQUIRED  
FOR ALL AFTER HOURS INSPECTIONS**

*(ABSOLUTELY NO EXCEPTIONS)*