

Town of Holden Beach Inspection Fax Request Form

Fax: 910-842-7003 Phone: 910-842-6080

Residential Inspection Form

Check the appropriate inspection required. Please attach any additional unlisted inspection in space marked other.

- **A signature is REQUIRED on all inspection requests. Unsigned forms WILL NOT be processed. Any inspections after 3:00 p.m. will not be added until the next scheduled day. Example: Before 3:00 p.m. will get the inspection on the next scheduled day, after 3:00 p.m. will be added on the subsequent scheduled day. ANY INSPECTION REQUESTED BEFORE IT IS COMPLETE WILL BE CHARGED A \$50.00 RE-INSPECTION FEE. We do not take specific time requests, unless they are beyond the next day's schedule.**
- **Do not request an inspection until the work to be inspected is completed.**

Any request with special requirements for homeowners will require the property owner's contact information:

Permit Number: _____ Phone Number: _____

Address: _____ Subdivision: _____

- | | |
|--|---|
| <input type="checkbox"/> Under slab plumbing | <input type="checkbox"/> Foundation Wall |
| <input type="checkbox"/> Footers/ Piles | <input type="checkbox"/> Mechanical change out |
| <input type="checkbox"/> Electrical change out | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> Temporary power | <input type="checkbox"/> Concrete slab |
| <input type="checkbox"/> Site visit | <input type="checkbox"/> Monolithic footer and slab |
| <input type="checkbox"/> Framing | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Open floor | <input type="checkbox"/> Rough mechanical |
| <input type="checkbox"/> Rough electrical | <input type="checkbox"/> Rough plumbing |
| <input type="checkbox"/> Pool bonding/ Final | <input type="checkbox"/> T-pole |
| <input type="checkbox"/> Final electrical | <input type="checkbox"/> Final building |
| <input type="checkbox"/> Final mechanical | <input type="checkbox"/> Final plumbing |
| <input type="checkbox"/> Water & sewer | <input type="checkbox"/> Certificate of occupancy |
| <input type="checkbox"/> Meter Pan Change | |
| <input type="checkbox"/> Other _____ | |

Signature _____ Date: _____

Printed Name _____

Company Name _____

Homeowners Name _____ Ph: _____

Key Locations _____

Use this space for additional comments: