



# INSPECTION REQUESTS

**NOTE: Do not call from a cell phone due to possible interference – these calls often come in as pure static and we can't schedule your inspection.**

Call our inspection line anytime at **(425) 587-3605** (24-hour voicemail system) or go to [www.mybuildingpermit.com](http://www.mybuildingpermit.com) and click on the Inspections tab to request an inspection. ***If pouring concrete, please specify time of pour.***

**INSPECTION REQUESTS are available ONLINE if made by 3:00 PM the day before the inspection is needed at: The MyBuildingPermit.com website [www.MyBuildingPermit.com](http://www.MyBuildingPermit.com)**

**All Phone inspection requests must be received by 3:00P.M. pm the day before the inspection is needed.**

**All requests received after 3:00PM will automatically be rescheduled for the following business day.**

**Inspectors are available by telephone** at the Building Department line: (425) 587-3600 between 7:00 am to 7:30 am OR 3:00 pm to 3:30 pm, Monday through Friday.

**Requests must contain the following information:**

- **Date of inspection request, A.M. or P.M. preference, or concrete pour time if necessary**  
(we will make every attempt to meet your request)
- **Permit number** –starts with BLD,ELE, or SGN (E-permits start with E and the last 2 digits of the year: example E08)
- **Owner/applicant name** as it appears on the permit
- **Site address** as it appears on the permit
- **Type of inspection being requested**
- **Contact name and phone number**

**Your Permit number:**

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_  AM  PM **PERMIT #** \_\_\_\_\_

**APPLICANT NAME/PROJECT NAME:** \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_ **BLDG #** \_\_\_\_\_ **LOT #** \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CEILING COVER / SEISMIC                             | <input type="checkbox"/> GAS PIPING                     | <input type="checkbox"/> SIGN                            |
| <input type="checkbox"/> ELECTRICAL COVER                                    | <input type="checkbox"/> INSULATION                     | <input type="checkbox"/> SLAB ON GRADE                   |
| <input type="checkbox"/> ELECTRICAL SERVICE                                  | <input type="checkbox"/> LATH & GYPSUM SHEATHING        | <input type="checkbox"/> SUBFLOOR                        |
| <input type="checkbox"/> FOOTINGS  | <input type="checkbox"/> MECHANICAL                     | <input type="checkbox"/> SUSP ACOUSTICAL CEILING FRAMING |
| <input type="checkbox"/> FIRE RES PENETRATIONS/FIRE STOPPING                 | <input type="checkbox"/> PLUMBING/GROUNDWORK            | <input type="checkbox"/> TEMP. POWER                     |
| <input type="checkbox"/> FLASHING & EXTERIOR WEATHER BARRIER                 | <input type="checkbox"/> ROOF SHEATHING                 | <input type="checkbox"/> UNDERGROUND _____               |
| <input type="checkbox"/> FOUNDATION WALL                                     | <input type="checkbox"/> ROOFING                        | <input type="checkbox"/> WALL SHEATHING                  |
| <input type="checkbox"/> FRAMING   | <input type="checkbox"/> FIRE RATED WALLBOARD FASTENERS | <input type="checkbox"/> WATER LINE                      |
| <input type="checkbox"/> FLOOR SHEATHING                                     | <input type="checkbox"/> <b>FINAL – C of O</b>          | <input type="checkbox"/> MISC.                           |
| <input type="checkbox"/> REINSPECT <input type="checkbox"/> CALL FIRST _____ |   |  |

**Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_



# INSPECTION REQUESTS

**NOTE: Do not call from a cell phone due to possible interference – these calls often come in as pure static and we can't schedule your inspection.**

**INSPECTION REQUEST LINE: 425-587-3605**

**FAX: 425-587-3651**

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_  AM  PM **PERMIT #** \_\_\_\_\_

**APPLICANT NAME/PROJECT NAME:** \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_ **BLDG #** \_\_\_\_\_ **LOT #** \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CEILING COVER / SEISMIC                             | <input type="checkbox"/> GAS PIPING                     | <input type="checkbox"/> SIGN                            |
| <input type="checkbox"/> ELECTRICAL COVER                                    | <input type="checkbox"/> INSULATION                     | <input type="checkbox"/> SLAB ON GRADE                   |
| <input type="checkbox"/> ELECTRICAL SERVICE                                  | <input type="checkbox"/> LATH & GYPSUM SHEATHING        | <input type="checkbox"/> SUBFLOOR                        |
| <input type="checkbox"/> FOOTINGS  | <input type="checkbox"/> MECHANICAL                     | <input type="checkbox"/> SUSP ACOUSTICAL CEILING FRAMING |
| <input type="checkbox"/> FIRE RES PENETRATIONS/FIRE STOPPING                 | <input type="checkbox"/> PLUMBING/GROUNDWORK            | <input type="checkbox"/> TEMP. POWER                     |
| <input type="checkbox"/> FLASHING & EXTERIOR WEATHER BARRIER                 | <input type="checkbox"/> ROOF SHEATHING                 | <input type="checkbox"/> UNDERGROUND _____               |
| <input type="checkbox"/> FOUNDATION WALL                                     | <input type="checkbox"/> ROOFING                        | <input type="checkbox"/> WALL SHEATHING                  |
| <input type="checkbox"/> FRAMING   | <input type="checkbox"/> FIRE RATED WALLBOARD FASTENERS | <input type="checkbox"/> WATER LINE                      |
| <input type="checkbox"/> FLOOR SHEATHING                                     | <input type="checkbox"/> <b>FINAL – C of O</b>          | <input type="checkbox"/> MISC.                           |
| <input type="checkbox"/> REINSPECT <input type="checkbox"/> CALL FIRST _____ |   |  |

**Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_  AM  PM **PERMIT #** \_\_\_\_\_

**APPLICANT NAME/PROJECT NAME:** \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_ **BLDG #** \_\_\_\_\_ **LOT #** \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CEILING COVER / SEISMIC                             | <input type="checkbox"/> GAS PIPING                     | <input type="checkbox"/> SIGN                            |
| <input type="checkbox"/> ELECTRICAL COVER                                    | <input type="checkbox"/> INSULATION                     | <input type="checkbox"/> SLAB ON GRADE                   |
| <input type="checkbox"/> ELECTRICAL SERVICE                                  | <input type="checkbox"/> LATH & GYPSUM SHEATHING        | <input type="checkbox"/> SUBFLOOR                        |
| <input type="checkbox"/> FOOTINGS  | <input type="checkbox"/> MECHANICAL                     | <input type="checkbox"/> SUSP ACOUSTICAL CEILING FRAMING |
| <input type="checkbox"/> FIRE RES PENETRATIONS/FIRE STOPPING                 | <input type="checkbox"/> PLUMBING/GROUNDWORK            | <input type="checkbox"/> TEMP. POWER                     |
| <input type="checkbox"/> FLASHING & EXTERIOR WEATHER BARRIER                 | <input type="checkbox"/> ROOF SHEATHING                 | <input type="checkbox"/> UNDERGROUND _____               |
| <input type="checkbox"/> FOUNDATION WALL                                     | <input type="checkbox"/> ROOFING                        | <input type="checkbox"/> WALL SHEATHING                  |
| <input type="checkbox"/> FRAMING   | <input type="checkbox"/> FIRE RATED WALLBOARD FASTENERS | <input type="checkbox"/> WATER LINE                      |
| <input type="checkbox"/> FLOOR SHEATHING                                     | <input type="checkbox"/> <b>FINAL – C of O</b>          | <input type="checkbox"/> MISC.                           |
| <input type="checkbox"/> REINSPECT <input type="checkbox"/> CALL FIRST _____ |   |  |

**Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_