



Building Inspection Department
 335 S. Broadway, De Pere, WI 54115
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INSPECTION REQUEST FORM

Date:	Time:	Permit #:	Your Fax #:
Address:			Lot #:
Contractor:		Jobsite Contact Person & Phone #:	
BUILDING	<input type="checkbox"/> Footing	<input type="checkbox"/> Foundation	<input type="checkbox"/> Framing
	<input type="checkbox"/> Rough	<input type="checkbox"/> Re-Inspect	<input type="checkbox"/> Final
		<input type="checkbox"/> Drain Tile	<input type="checkbox"/> Vapor Barrier
			<input type="checkbox"/> Insulation
HVAC	<input type="checkbox"/> Rough	<input type="checkbox"/> Gas Piping	<input type="checkbox"/> Re-Inspect
		<input type="checkbox"/> Final	<input type="checkbox"/> Replacement
ELECTRICAL	<input type="checkbox"/> Underground	<input type="checkbox"/> Rough	<input type="checkbox"/> Service
		<input type="checkbox"/> Re-Inspect	<input type="checkbox"/> Final
PLUMBING	<input type="checkbox"/> Sewer & Water	<input type="checkbox"/> Groundwork	<input type="checkbox"/> Rough
		<input type="checkbox"/> Re-inspect	<input type="checkbox"/> Final
MESSAGE:			