



Licenses and Inspections
 Construction Division
 625 E Plum St, Vineland NJ 08360
 856-794-4113

CONSTRUCTION OFFICE PERMIT INSPECTION REQUEST

Permit Number (s):
Project Address:
Property Owner Name:
Requested By: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor-Name/Phone:
Email:

As the Owner/Contractor/Responsible Agent, with an open Permit at this property, I understand that under the Uniform Construction Code Regulations, inspections are required to take place within 3 business days of the time for which it was requested. By submitting this inspection request, I agree and acknowledge that there may be times when the Local Enforcing Agency cannot meet that requirement, due to unforeseen circumstances, such as but not limited to, emergencies, sickness, workload and foul weather. This notice shall represent an attestation that the work has been completed in conformance with the Code and is ready for inspection. I further agree that the work shall not proceed in a manner, which will preclude the inspection(s) until it has been made.

Select the applicable Subcode and indicate the inspection type(s) you are requesting.

<u>Subcode</u>	<u>Inspection Type</u>	<u>Inspection Type</u>	<u>Inspection Type</u>
<input type="radio"/> <u>Building</u>			
<input type="radio"/> <u>Electrical</u>			
<input type="radio"/> <u>Plumbing</u>			
<input type="radio"/> <u>Fire</u>			
<input type="radio"/> <u>Mechanical</u>			

CHOOSE YOUR PREFERRED DATES – MUST BE MONDAY THROUGH FRIDAY

1ST _____ 2ND _____ 3RD _____

The Inspection request must be confirmed by the Construction Office staff before it is added to the schedule. ****Access Code or Lock Box/Location, if applicable:** _____

Received In Construction Office:
Date: _____
By: _____
Scheduled for: _____

<p>HOW TO SUBMIT THIS FORM *Save and Print the Form *Email: UCCPermits@vinelandcity.org *In-Person: Deliver to Construction Office, M-F, between 8:00 am and 4:00 pm</p>
