

# INSPECTION REQUEST FORM

## City of Rosenberg

Fax No.: 832-595-3501  
inspections@ci.rosenberg.tx.us

*Fax must be received before 5:30 PM for inspection the next business day.*

1. Date inspection is requested: \_\_\_\_\_
2. Address of inspection: \_\_\_\_\_
3. Permit /Application Number: \_\_\_\_\_ - \_\_\_\_\_
4. Type of Inspection: *Please place an X in the box below*

Building	Plumbing	Electrical	Mechanical
Foundation <input type="checkbox"/>	Underground <input type="checkbox"/>	T-Pole <input type="checkbox"/>	Rough <input type="checkbox"/>
Frame <input type="checkbox"/>	Top Out <input type="checkbox"/>	Rough-in <input type="checkbox"/>	
Windstorm/Shearwall <input type="checkbox"/>	Gas Test (GTO) <input type="checkbox"/>	TCI (Temporary Cut-in) <input type="checkbox"/>	
Brick Tie <input type="checkbox"/>	Water Heater <input type="checkbox"/>	Meter Loop & Service <input type="checkbox"/>	
Stucco Lathe <input type="checkbox"/>		Reconnect <input type="checkbox"/> MH or <input type="checkbox"/> Comm	

Final Inspections			
Building <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Electrical <input type="checkbox"/>	Mechanical <input type="checkbox"/>
Permit Number -	Permit Number -	Permit Number -	Permit Number -

**\*\*\*No inspection will be performed in an occupied residence without someone being present.\*\*\***

Other Inspections [Please Specify]: \_\_\_\_\_

**For Commercial Electrical Reconnects property must be open for inspection. Property owner/tenant must choose one of the following times to be available: (circle one) 9:00 AM or 2:00 PM**

**\*For all other inspections, please indicate a time of day you would prefer your inspection\*:**

**A.M.                      P.M.                      Anytime**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
[Print Name]

Date: \_\_\_\_\_ Contact No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Re-inspection Fees to be paid from Escrow Account:    YES                       NO

Comments: \_\_\_\_\_