

INSPECTION REQUEST FORM

City of Rosenberg

Fax No.: 832-595-3501

inspections@rosenbergtx.gov

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/backyard without someone being present or expressed granted permission to enter the property*****

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: _____