

THE CITY OF SUMMIT

N E W J E R S E Y

City Hall

512 Springfield Avenue

Summit NJ 07901

Ralph Maritato
Construction Official,
Department of Community
Services

Telephone 908 273-6408

Construction Permit Inspection Request

You may email this completed form to: buildinginspections@cityofsummit.org

Or you can book your inspection online: cityofsummit.org/online

REFER TO YOUR "REQUIRED INSPECTION CHECKLIST" FOR PROJECTS WHICH, BY THEIR NATURE, REQUIRE MORE THAN A FINAL INSPECTION

As the *Owner/Contractor/Responsible Agent, as listed on an issued Permit, and as listed below, I understand that inspection requests are to comply with the New Jersey Uniform Construction Code N.J.A.C. 5:23-2.18(c) and 5:23-4.16. 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 work shall not proceed in a manner which will preclude the inspection(s) until it has been made.

1. Provide the Permit number, project address, property owner's name, requestor's name, title, and phone number.
2. Select the applicable Subcodes and indicate the inspection type you are requesting.
3. Indicate the inspection date requested.
4. The inspection request must be confirmed by Building Department staff before it is added to the schedule.

Permit # _____ **Property Owner Name:** _____

Address: _____ **Phone #** _____

Requestor Name & *Title: _____

Subcode: Building _____ Fire _____ Electrical _____ Plumbing _____ Mechanical _____

Inspection Type: _____

Inspection Date Requested: _____

Date Scheduled and Confirmed By: _____