



INSPECTION REQUEST FORM

PROJECT ADDRESS: _____

PERMIT NUMBER: _____

CONTACT PERSON: _____ PHONE # _____

CONTACT EMAIL: _____

INSPECTION REQUESTED TO BE HELD ON THIS DATE: _____

COMMENTS/NOTES: _____

REQUESTED INSPECTION TYPE (Circle requested Subcode and Inspection Type)

• SUBCODE:

Building Electric Fire Plumbing Mechancial

• TYPE OF INSPECTION:

Footing Foundation Slab Pressure Test Above Ceiling
Rough Frame Insulation Final Other: _____

• If multiple inspections are being requested, please list them below:

Subcode	Type of Inspection
_____	_____
_____	_____
_____	_____
_____	_____

All inspections requests must be in writing per 5:23-2.18(c) at least 24 hours prior to the requested inspection date.

TO SUBMIT REQUEST FORM:

- Deliver in Person: 35 Municipal Drive, Lumberton, NJ 08048
Monday-Friday (8:00 – 4:00)
- Send via Email: insp.request@lumbertontwp.com
(Form must be complete and emailed as an attachment.)

NO INSPECTION IS SCHEDULED UNTIL AVAILABILITY IS CONFIRMED BY OUR OFFICE.