

FACILITY INSPECTION REPORT

DATE: _____

PERMIT # _____

FEE \$50.00

Site Address: _____

Owner/Tenant: _____ Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Please explain the proposed use: _____

AEP ESI NUMBER: _____ MVE ACCOUNT: _____

PERMITS NEEDED: _____ Floor Plan _____ Site Plan
_____ Building Permit _____ Electrical Permit _____ Plumbing Permit _____ Mechanical Permit _____ Health Permit

BUILDING PERMIT REQUIREMENTS

- ___ DRIVEWAY INSTALLATION
- ___ REPAIR/REPLACE EXTERIOR WALLS
- ___ PAINT EXTERIOR WALLS
- ___ REPAIR/REPLACE ROOF SHINGLES
- ___ REPAIR ROOF
- ___ REPAIR/REPLACE INTERIOR WALLS
- ___ REPAIR/REPLACE WALLS COVERING
- ___ REPAIR/REPLACE KITCHEN CABINETS
- ___ REPAIR/REPLACE CEILINGS
- ___ PROVIDE FLOOR BLOCKS & SHIELDS
- ___ REPAIR/ REPLACE WINDOWS
- ___ REPAIR/REPLACE DOORS
- ___ REPAIR/REPLACE ALL SCREENS
- ___ PROVIDE ATTIC ACCESS
- ___ PROVEDE ATTIC OUTLET AND LIGHT

PLUMBING PERMIT REQUIREMENTS

- ___ NEW/REPLACE WATERLINES
- ___ NEW/REPLACE SEWER LINES
- ___ REPLACE/INSTALL PLUMBING FIXTURES
- ___ INSTALL BACKFLOW PREVENTER
- ___ NEW SEWER TAP
- ___ GREASE TRAP INSTALLATION
- ___ SAMPLING POINT TEST
- ___ WATER PRESSURE TEST

ELECTRICAL PERMIT REQUIREMENTS

- ___ NEW SERVICE
- ___ WORKING CLEARANCE
- ___ NEW WIRING, PANEL BOX
- ___ REPLACE OUTLETS LIGHTS OR FANS
- ___ INSTALL BATTERIES OR HARD WIRE, SMOKE DETECTORS
- ___ WATER PRESSURE TEST

ALL WORK SHALL BE PERFORMED BY LICENSED & BONDED CONTRACTORS AND ALL WORK SHALL BE INSTALLED AS PER CODES ADOPTED BY THE CITY OF EDINBURG

ROUTED TO: ___ FIRE DEPT. ___ PLANNING ___ ENGINEERING ___ UTILITES ___ SOLID WASTE ___ HEALTH

FIRE DEPARTMENT REQUIREMENTS: _____

FIRE DEPARTMENT APPROVAL: _____ DATE: _____

PLANNING & ZONING REQUIREMENTS: _____

PLANNING & ZONING APPROVAL: _____ DATE: _____

COMMENTS: _____

BUILDING INSPECTOR APPROVAL: _____ DATE: _____

RELEASE POWER ___ YES ___ NO ___ SEE COMMENTS _____

Released by: _____ DATE RELEASED: _____