

Town of Chester
INSPECTION REQUEST

Location _____ Owner _____
Number & Street

Req. by _____ Date _____ Tel. _____

Rec. _____ Permit # _____

When Needed _____ Time _____

Footing _____ Insulation _____

Temp. Elec. _____ Sheetrock Nails/Screws _____

Waterproofing _____ Septic Insp. _____

Foundation Drain _____ Cast Iron _____

Framing _____ Perm. Service _____

Rough Elec. _____ Well Trench _____

Rough Plg. _____ Spot Check _____

Rough Heat _____ Re-inspection Req'd. _____

Fireplace Throat _____ Final CO _____

Other _____

Inspected by _____ Date _____ Tel. (860) 526-0013

Comments _____

This building **MUST NOT BE OCCUPIED** in whole, or in part, until a **CERTIFICATE OF OCCUPANCY** has been obtained from the Building Inspector.

Violators will be subject to a \$500.00 a day fine.