

COMMENTS

8/17/00

O.K. Above

Inspection Record

Type

Date

Foundation: \_\_\_\_\_

\_\_\_\_\_

Framing: \_\_\_\_\_

\_\_\_\_\_

Plumbing: \_\_\_\_\_

\_\_\_\_\_

Final: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_