

Request for Inspection

To: BUILDING INSPECTION UNDERWRITES OF PA, INC.
570-344-9681 Fax 570-969-9700

PORTER TOWNSHIP, PIKE COUNTY

Date _____

Time _____

Permit Number (Required) _____

Job Name _____

Lot _____ Block _____ Stage _____

Street Address _____

Development _____

- | | |
|--|--|
| <input type="checkbox"/> Footings | <input type="checkbox"/> Foundation wall forms |
| <input type="checkbox"/> Electric service | <input type="checkbox"/> Footing drains |
| <input type="checkbox"/> Rough plumbing | <input type="checkbox"/> Basement & Foundation Walls |
| <input type="checkbox"/> Rough Mechanical | <input type="checkbox"/> Damp-proofing |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Framing |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> |
| <input type="checkbox"/> Piers | |
| <input type="checkbox"/> Final (Need minimum 48 hours notice) | |

Requested by _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____