

CITY OF ORONO
INSPECTION NOTICE
PERMIT NO. SNP24-000048

DATE 7/23 TIME 11:00 AM
CALLED IN 7/24/24
SCHEDULED 7/24/24
COMPLETED

ADDRESS 2890 Goldenrod Way

OWNER _____ TELEPHONE NO. 602 916 1685

CONTRACTOR Highview Plumbing - Kyle

DESCRIPTION Sewer & Water Connect - Air Test

- | | | |
|--|---|--|
| <input type="checkbox"/> FOOTING | <input type="checkbox"/> DEMO - FINAL | <input type="checkbox"/> SEPTIC FINAL |
| <input type="checkbox"/> POURED WALL | <input type="checkbox"/> PLUMBING RI | <input type="checkbox"/> EXCAV/GRADING/FILLING |
| <input type="checkbox"/> FOUNDATION DRAIN TILE | <input type="checkbox"/> PLUMBING FINAL | <input type="checkbox"/> TREE REMOVAL |
| <input type="checkbox"/> LATHE | <input type="checkbox"/> MECHANICAL RI | <input type="checkbox"/> SITE INSPECTION |
| <input type="checkbox"/> FRAMING | <input type="checkbox"/> MECHANICAL FINAL | <input type="checkbox"/> RATED WALLS |
| <input type="checkbox"/> INSULATION | <input type="checkbox"/> WOOD BURNER/FIREPLACE | <input type="checkbox"/> COMPLAINT |
| <input type="checkbox"/> FINAL | <input checked="" type="checkbox"/> WATER HOOK-UP | <input type="checkbox"/> FOLLOW-UP |
| <input type="checkbox"/> AS BUILT - SURVEY | <input checked="" type="checkbox"/> SEWER HOOK-UP | <input type="checkbox"/> FOUNDATION/REMOVAL |
| <input type="checkbox"/> DEMO - SITE | <input type="checkbox"/> SEPTIC INSTALL | |

OWNER/CONTRACTOR TO MEET YOU: ___ YES ___ NO

COMMENTS: 4" SCH. 40 PVC SEWER LINE
5" TEST TO CLEAN OUT.
1" HDPE WATERLINE RAN TO AREA
OF SEWER CLEAN OUT.
CORE DRILL M.H. AND TAP
WATER MAIN FOR WATER SERVICE
OK TO PROCEED. CALL FOR
2 MORE SETS OF INSPECTIONS
TASKS ~~86141~~ WTR TASK 86141
86142 EXTEND TRACER WIRE

- | | |
|---|---|
| <input checked="" type="checkbox"/> WORK SATISFACTORY: PROCEED | <input type="checkbox"/> PROJECT COMPLETE |
| <input type="checkbox"/> CORRECT WORK & PROCEED | <input type="checkbox"/> ISSUE CERTIFICATE OF OCCUPANCY |
| <input checked="" type="checkbox"/> CORRECT WORK, CALL FOR REINSPECTION BEFORE COVERING | _____ TEMPORARY |
| <input type="checkbox"/> CORRECT UNSAFE CONDITION WITHIN _____ HOURS. INSPECTOR WILL RETURN | _____ PERMANENT |
| <input type="checkbox"/> STOP ORDER POSTED. CALL INSPECTOR | <input checked="" type="checkbox"/> PHOTO TAKEN |
| <input type="checkbox"/> INSPECTION REQUIRED. CALL TO ARRANGE ACCESS. | <input type="checkbox"/> CITATION ISSUED |

Call for the next inspection 24 hours in advance. (952) 249-4600

Owner/Contractor on site: _____

Inspector: D.J., ATMMY

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!