

CITY OF ORONO
INSPECTION NOTICE

PERMIT NO. SWP24-000049

CALLED IN
SCHEDULED
COMPLETED

DATE
8/8/24
8/12/24

TIME
10:30 AM

ADDRESS 740 Willow Dr

OWNER _____ TELEPHONE NO. 612-282-9138

CONTRACTOR Final Grade ROSS

DESCRIPTION Sewer Disconnect

- | | | |
|--|--|--|
| <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 type="checkbox"/> WATER HOOK-UP | <input type="checkbox"/> FOLLOW-UP |
| <input type="checkbox"/> AS BUILT - SURVEY | <input 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: Contractor will cleanup debris
first + find cleanout + 4" pipe leaving
basement + cap it. Sewer curb stop was
turned off 1 day after fire.

Pump station in basement + will be
removed. Will need new pump station on new home
2" for main in cut + capped. 60' west of
home. will need new forcemain from new home to
curbstop

- | | |
|--|---|
| <input type="checkbox"/> WORK SATISFACTORY: PROCEED | <input checked="" type="checkbox"/> PROJECT COMPLETE |
| <input type="checkbox"/> CORRECT WORK & PROCEED | <input type="checkbox"/> ISSUE CERTIFICATE OF OCCUPANCY |
| <input 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 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: Scott

White Copy/Inspector's File

Canary Copy/Site Notice

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!