| | | DATE | TIME |
|--|---------------------------|-----------------|----------------------|
| CITY OF ORONO INSPECTION NOTICE | CALLED IN SCHEDULED | 5/11/23 | 7:00 PM |
| PERMIT NO.5WD23-00005 | COMPLETED | 714123 | 0,001 |
| ADDRESS 3001 CASCO POIN | + Rd | | |
| OWNERTELEPHONE NO | | | |
| CONTRACTOR T SCHOOL | | | |
| DESCRIPTION Sewer | Connect | NON | |
| = | O - FINAL | ☐ SEPTIO | |
| | IBING RI | | //GRADING/FILLING |
| The state of the s | IBING FINAL HANICAL RI | = | REMOVAL NSPECTION |
| | ANICAL FINAL | = | WALLS |
| ☐ INSULATION ☐ WOO | D BURNER/FIRE | PLACE COMPI | LAINT |
| | R HOOK-UP | ☐ FOLLO | |
| | ER HOOK-UP | ☐ FOUND | DATION/REMOVAL |
| DEMO - SITE SEPTIC INSTALL OWNER/CONTRACTOR TO MEET YOU: YES NO - | | | |
| COMMENTS: 4" Sch 40 DVC SQWG SQVVCQ WITH TYMEN'S | | | |
| wile + grode | | | |
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| and the second s | | | |
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| | \$ \ | 4-23to vin | Al Ok |
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| | 251 | LICANOIT IS I | of toget it |
| | 10 10 | ary of 9 to kn | CAIN |
| WORK SATISFACTORY; PROCEED CWS | 14 00 | PROJECT COMPL | ETE |
| ☐ CORRECT WORK & PROCEED | | 16SUE CERTIFICA | TE OF OCCUPANCY |
| CORRECT WORK, CALL FOR REINSPECTIONTEMPORARY BEFORE COVERINGPERMANENT | | | |
| ☐ CORRECT UNSAFE CONDITION WITHIN INSPECTOR WILL RETURN | HOURS. | PHOTO TAKEN | |
| ☐ STOP ORDER POSTED, CALL INSPECTOR | | CITATION ISSUED | |
| ☐ INSPECTION REQUIRED. CALL TO ARRANGE ACCESS. | | | |
| Call for the next inspection 24 hours in advance. (952) 249-4600 | | | |
| Owner/Contractor on site: | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| Inspector: 5000 | | | |

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!