

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!

CITY OF ORONO  
INSPECTION NOTICE

PERMIT NO. SWP 25-000015

CALLED IN  
SCHEDULED  
COMPLETED

DATE

TIME

3/17/25 11 am

ADDRESS 850 Windjammer Lane

OWNER \_\_\_\_\_ TELEPHONE NO. 612-240-1101

CONTRACTOR Chris Groth

DESCRIPTION Sewer Repair - Install Cleanout

- |  |  |  |
|--|--|--|
| <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:

Fixed 4" sch 40 Clean out

Task # 92817

- |   |   |
|---|---|
| <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: \_\_\_\_\_