

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!

CITY OF ORONO
INSPECTION NOTICE
PERMIT NO. RP523-000176

DATE
CALLED IN
SCHEDULED
COMPLETED

DATE
TIME
7/25/25

ADDRESS 1800 Shoreline Drive

OWNER _____ TELEPHONE NO. 630-400-5115

CONTRACTOR Streeter Custom Builder - Erik Hall

DESCRIPTION PW AS-BUILT Inspection

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

Curbsstop - None

Shoulder - good

Driveway Connection / Curbcut - good

Pavement - good

Stormwater Infrastructure - None

Obstructions - None

- | | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> WORK SATISFACTORY: PROCEED | <input 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: [Signature]