				D	ATE	TIME	
	CITY OF ORONO INSPECTION NOTICE PERMIT NO. SWP24-000	013	CALLED IN SCHEDULED COMPLETED	3-15	(B)	3 Do bou	
	ADDRESS 2615 CASCADE LIV						
	OWNER	VNERTELEPHONE NO					
	CONTRACTOR						
7	DESCRIPTION SWILL WITE CORNECT ION						
REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!	DESCRIPTION FOOTING						
CODE	GORRECT WORK, CALL FOR REINSPECTION BEFORE COVERING CORRECT UNSAFE CONDITION WITHIN HOURS. INSPECTOR WILL RETURN STOP ORDER POSTED. CALL INSPECTOR						
	☐ INSPECTION REQUIRED. CALL		GE ACCESS.				
Call for the next inspection 24 hours in advance. (952) 249-4							
	Owner/Contractor on site:						
	Inspector:	1100					
	White Copy/Inspec	tor's File		Canary	Copy/Site I	Notice	

White Copy/Inspector's File