

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!

CITY OF ORONO  
INSPECTION NOTICE  
PERMIT NO. SNP24-000033

CALLED IN  
SCHEDULED  
COMPLETED

DATE 5/31/24  
6/3/24 TIME 2:30 PM

ADDRESS 1380 Rest Point Rd

OWNER \_\_\_\_\_ TELEPHONE NO. 612 490 7136

CONTRACTOR Servey Plumbing  
Server Connect

DESCRIPTION

- |  |   |  |
|--|---|--|
| <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 checked="" 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: 4" Sch 40 pvc.

No Anode or Tracer wire at this time

- |  |   |
|--|---|
| <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<br>BEFORE COVERING                | _____ TEMPORARY   |
| <input type="checkbox"/> CORRECT UNSAFE CONDITION WITHIN _____ HOURS.<br>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]

White Copy/Inspector's File

Canary Copy/Site Notice