

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!

CITY OF ORONO  
INSPECTION NOTICE  
PERMIT NO. \_\_\_\_\_

CALLED IN  
SCHEDULED  
COMPLETED

DATE

TIME

1-23-25

10:00 A.M.

ADDRESS 2545 Dunwoody Ave

OWNER \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

DESCRIPTION Sewer & Water Disconnect 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: WATER/ SEWER DISCONNECTED

- COPPER CUT & FOLDED OVER

- SEWER PVC CAP/BLIND EYE

- WILL MARK WITH POST & BACKFILL

- HOUSE DEMO IN FEB

MARK SCHEDULED FOR NEW W/S RECONNECT & FOUNDATION.

P.O.C. MIKE SHROAT 612 889 3528

- |   |   |
|---|---|
| <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: S.M. HENTGES

Inspector: [Signature]