

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!

**CITY OF ORONO  
INSPECTION NOTICE**

**PERMIT NO.** SNP23-000025

**CALLLED IN**  
**SCHEDULED**  
**COMPLETED**

**DATE**

**TIME**

**ADDRESS** 1045 LOMA Linda

**OWNER**

**TELEPHONE NO.** RYAN 651 955 3387

**CONTRACTOR**

Winzel Plymouth Plumbing

**DESCRIPTION**

SEWER SERVICE REPAIR

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

Cleanout broken New cleanout  
2'-45" + 4' of 4" pvc Sch 40 toward house

- |   |   |
|---|---|
| <input checked="" 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                            | <u>                    </u> TEMPORARY                   |
| <input type="checkbox"/> CORRECT UNSAFE CONDITION WITHIN <u>          </u> HOURS. INSPECTOR WILL RETURN | <u>                    </u> PERMANENT                   |
| <input type="checkbox"/> STOP ORDER POSTED. CALL INSPECTOR  | <input checked="" 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:**

Scott