

CITY OF ORONO  
INSPECTION NOTICE

PERMIT NO. SNP23-000043

ADDRESS 1340 Vine Place

OWNER \_\_\_\_\_

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

CONTRACTOR MBB

DESCRIPTION

Sewer Repair 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 checked="" 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:

4" sch 40 pvc stubbed into  
basement + hooked to cast outside of  
foundation

s/b test for 15 minutes - all ok

- |  |   |
|--|---|
| <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<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 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

White Copy/Inspector's File

Canary Copy/Site Notice

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!