PERMIT NUMBER

City of Milwaukee

Department of Neighborhood Services
Construction Trades Division
Field Inspection Report

Date: _____ Contact: Contractor Owner Other: _____

Project Address: _____

Contractor Name: _____ License Number: _____

Inspection Type: Rough _____ Partial _____ Occupancy _____

Progress _____ Intermediate Meeting _____ Final _____

Work Inspected: i.e. Framing, insulation, HVAC, storage tank etc. _____

Location of Work Inspected: Entire Building _____ Floor Level(s) _____ Room(s) _____

TRADE INSPECTION

Construction _____	Electrical _____	Plumbing _____	HVAC _____
Boiler _____	Cross Connection _____	Elevator _____	Sprinkler _____

Project O.K. to proceed for the respective trade inspection: YES _____ NO _____ (If NO see below)

☐ Inspection(s) completed and O.K. to close permit.

The Construction Trades Division calls your attention to the following issues of noncompliance.

Inspector _____ Phone (414) _____

Please call for an inspection upon the completion of the noncompliant work. Code deficiencies must be corrected and inspected before they are concealed. **You may be placed on the "No Permit to Violator List" if the noncompliant work is not corrected in 30 days.**

Recipient (Print Name) _____ Initial _____

Date Distribution: Original (White) - Inspector (Canary) - Permit Site

DNS-105-02-0001 (R09/11)

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