



CITY OF TAMARAC BUILDING DEPARTMENT
REQUIRED INSPECTIONS BY DISCIPLINE
 Inspection Line: 954-597-3430
 Permits 954-597-3435

DATE: _____ ADDRESS: _____ PERMIT # _____

BUILDING	DATE INSP. COMP.
<input type="checkbox"/> BUILDING MISCELLANEOUS	_____
<input type="checkbox"/> COLUMNS	_____
<input type="checkbox"/> DRIVEWAY FORM	_____
<input type="checkbox"/> DRIVEWAY FINAL	_____
<input type="checkbox"/> DRYWALL (SCREW)	_____
<input type="checkbox"/> FENCE FINAL	_____
<input type="checkbox"/> FLOOR SHEATHING	_____
<input type="checkbox"/> FOOTERS	_____
<input type="checkbox"/> FOUNDATION	_____
<input type="checkbox"/> FRAMING	_____
<input type="checkbox"/> INSULATION	_____
<input type="checkbox"/> IN PROGRESS (TILE-SHINGLE-MIP)	_____
<input type="checkbox"/> LATH	_____
<input type="checkbox"/> PATIO SLAB (FORM)	_____
<input type="checkbox"/> POOL DECK (FORM)	_____
<input type="checkbox"/> POOL STEEL	_____
<input type="checkbox"/> POOL STRUCTURE FINAL	_____
<input type="checkbox"/> ROOF FINAL	_____
<input type="checkbox"/> ROOF FRAMING	_____
<input type="checkbox"/> ROOF SHEATHING	_____
<input type="checkbox"/> SCREEN ENCLOSURE FINAL	_____
<input type="checkbox"/> SHUTTER ATTACHMENT	_____
<input type="checkbox"/> SHUTTER FINAL	_____
<input type="checkbox"/> SIDEWALK (FORM)	_____
<input type="checkbox"/> SIDEWALK FINAL	_____
<input type="checkbox"/> SLAB/BUILDING (FORM)	_____
<input type="checkbox"/> SLAB FINAL	_____
<input type="checkbox"/> SURVEY (SPOT)	_____
<input type="checkbox"/> TIE BEAM	_____
<input type="checkbox"/> TIN CAP	_____
<input type="checkbox"/> TRUSS	_____
<input type="checkbox"/> WALL SHEATHING	_____
<input type="checkbox"/> WALL STEEL/REBAR	_____
<input type="checkbox"/> WINDOW BUCK	_____
<input type="checkbox"/> WINDOW/DOOR ATTACHMENT	_____
<input type="checkbox"/> BUILDING FINAL	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

ZONING	DATE INSP. COMP.
<input type="checkbox"/> _____	_____

ELECTRICAL	DATE INSP. COMP.
<input type="checkbox"/> ELECTRIC ROUGH	_____
<input type="checkbox"/> CEILING ROUGH	_____
<input type="checkbox"/> TELEPHONE ROUGH	_____
<input type="checkbox"/> LOW VOLTAGE ROUGH	_____
<input type="checkbox"/> POOL GROUNDING	_____
<input type="checkbox"/> POOL/PATIO SLAB	_____
<input type="checkbox"/> POOL ELECTRIC FINAL	_____
<input type="checkbox"/> UNDERGROUND POLE	_____
<input type="checkbox"/> ELECTRICAL SLAB	_____
<input type="checkbox"/> ELECTRICAL SERVICE	_____
<input type="checkbox"/> SERVICE CHANGE	_____
<input type="checkbox"/> SPRINKLER PUMP	_____
<input type="checkbox"/> ELECTRICAL MISCELLANEOUS	_____
<input type="checkbox"/> TELEPHONE FINAL	_____
<input type="checkbox"/> ELECTRIC FINAL	_____

ENGINEERING	DATE INSP. COMP.
<input type="checkbox"/> DRIVEWAY FORM	_____
<input type="checkbox"/> DRIVEWAY FINAL	_____
<input type="checkbox"/> ENGINEERING POOL FINAL	_____
<input type="checkbox"/> SIDEWALK	_____
<input type="checkbox"/> ENGINEERING FINAL	_____

PLUMBING	DATE INSP. COMP.
<input type="checkbox"/> GROUND ROUGH	_____
<input type="checkbox"/> TOP OUT	_____
<input type="checkbox"/> A/C HEATER PAN WATER LOOP	_____
<input type="checkbox"/> BACKFLOW PREVENTOR	_____
<input type="checkbox"/> FINAL CONDENSATE DRAIN	_____
<input type="checkbox"/> FINAL SPRINKLER	_____
<input type="checkbox"/> GAS	_____
<input type="checkbox"/> GAS FINAL	_____
<input type="checkbox"/> HEATER FINAL	_____
<input type="checkbox"/> INTERCEPTOR	_____
<input type="checkbox"/> PLUMBING MISCELLANEOUS	_____
<input type="checkbox"/> POOL MAIN DRAIN	_____
<input type="checkbox"/> POOL PIPING	_____
<input type="checkbox"/> POOL PLUMBING FINAL	_____
<input type="checkbox"/> PVC TEST	_____
<input type="checkbox"/> RAIN WATER LEADER	_____
<input type="checkbox"/> ROOF DRAIN	_____
<input type="checkbox"/> SEWER	_____
<input type="checkbox"/> SPRINKLER ROUGH	_____
<input type="checkbox"/> SPRINKLER FINAL	_____
<input type="checkbox"/> WATER LINE	_____
<input type="checkbox"/> PLUMBING FINAL	_____

MECHANICAL	DATE INSP. COMP.
<input type="checkbox"/> A/C UNDERGROUND	_____
<input type="checkbox"/> A/C ROUGH	_____
<input type="checkbox"/> A/C FINAL	_____
<input type="checkbox"/> POOL HEAT PUMP	_____
<input type="checkbox"/> MECHANICAL MISCELLANEOUS	_____
<input type="checkbox"/> VENTILATION	_____
<input type="checkbox"/> MECHANICAL FINAL	_____

NOTES: _____

<p><u>NOTICE</u></p> <p>The inspections that have been checked off on the form above are mandatory inspections and must be scheduled by you and they must pass inspection for your permit to be completed. Failure to call for the required inspections may result in the expiration of the permit.</p> <p>Acknowledgement: _____</p>
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