



City of Bemidji

317 4th Street NW, Bemidji, MN 56601
(218) 759-3578 or (218) 759-3596 or (218) 759-3573 or (218) 759-3586

INSPECTION REPORT

Date: _____ Time: _____ Permit #: _____ Inspection #: _____

Project Address: _____
Contractor: _____ Phone No.: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Site Inspection | <input type="checkbox"/> Plumbing/Mechanical Insulation | <input type="checkbox"/> Mechanical Final |
| <input type="checkbox"/> Footings / Foundation / Slab | <input type="checkbox"/> Gas Line w/PTest | <input type="checkbox"/> Plumbing Final |
| <input type="checkbox"/> Plumbing Underground w/PTest | <input type="checkbox"/> Sprinkler/Alarm RI | <input type="checkbox"/> Blower Door |
| <input type="checkbox"/> Mechanical Underground | <input type="checkbox"/> Penetration Sealing | <input type="checkbox"/> Duct Leakage |
| <input type="checkbox"/> Radon Rock/Membrane/Piping | <input type="checkbox"/> Framing | <input type="checkbox"/> Building / Project Final |
| <input type="checkbox"/> Foundation Insulation/Damp Proofing | <input type="checkbox"/> Truss Bracing | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Plumbing RI w/PTest | <input type="checkbox"/> Insulation ___ Walls ___ Attic | <input type="checkbox"/> Window/Door/Siding |
| <input type="checkbox"/> Mechanical RI Duct Sealing | <input type="checkbox"/> Vapor Retarder/Air Barrier | <input type="checkbox"/> _____ |

COMMENTS: _____

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Work satisfactory: Proceed | <input type="checkbox"/> Photo taken |
| <input type="checkbox"/> Correct work: Proceed | |
| <input type="checkbox"/> Correct work: Call for re-inspection prior to covering | |
| <input type="checkbox"/> Correct unsafe condition: Complete within _____ hours - Inspector will return | |
| <input type="checkbox"/> Stop work: Immediately cease work and call inspector! | |
| <input type="checkbox"/> Inspection required: Call inspector to arrange access | |
| <input type="checkbox"/> Final / Project Completed | |

Call the Building Office at least 24 hours in advance to schedule an inspection.

Signature of Owner / Contractor on site: _____

Signature of Inspector: _____