

BOROUGH OF METUCHEN
CONSTRUCTION CODE
500 Main Street
Metuchen, NJ 08840

INSPECTION REQUEST FORM

Project address: _____

Permit number: _____

Contact person name: _____ **Phone Number:** _____

Contact person email: _____

Inspection requested to be held on this date: _____

Comments: _____

Requested Inspection Type (circle requested subcode and inspection type):

Subcode:

Building Electrical Fire Plumbing Mechanical

Type of inspection:

Rough Footing Foundation Frame Above Ceiling Slab Backfill
Insulation Pressure Test Final Other: _____

If multiple inspections are being requested, please list them below:

Subcode:

Type of inspection:

All inspection requests must be in writing 5:23-2.18(c) at least 24 hours prior to the requested inspection date. Inspections will be scheduled at least (3) business days from the time the inspection was requested. If you have any questions, please call 732-632-8554, 732-632-8515 or 732-632-8120.

Inspection scheduled _____ **Time** _____

To submit request form:

- **Deliver in person: 500 Main Street (8:00 am – 3:30 pm)**
- **Send via email: shollis@metuchen.com, jcovey@metuchen.com, or mnelson@metuchen.com. Form must be complete and emailed as an attachment)**