

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 732-632-8515 or 732-632-8554.

Inspection scheduled _____ Time _____

To submit request form:

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