

FOR OFFICIAL USE

FEEs payable to C. I. Government (if applicable) \$ \_\_\_\_\_

For each inspection after the first re- inspection of failed workmanship..... \$100

For an electrical reconnection (not related to a natural diaster), submit by separate application



# Inspection Request

Cayman Islands Government

Department of Planning

P.O. Box 235

Cayman Brac KY2-2101

Phone: (345) 244-4421 | (345) 244-4443 | (345) 526-1571

Fax: (345)-948-2422

PLEASE SEND FORM TO: *brac.inspections@planning.gov.ky*

Note: Please save this form as a PDF file on your system using 'file'>'save as' and then email as an attachment.

Scheduled Date of Inspection \_\_\_\_\_

Inspector Scheduled \_\_\_\_\_

- PLEASE PRINT -

<p><b><u>Applicant Information</u></b></p> <p>Name _____</p> <p>Phone No. _____</p> <p>Fax. No. _____</p> <p>Email _____</p>	<p><b><u>Contractor Information</u></b></p> <p>Name _____</p> <p>Phone No. _____</p> <p>Contractor License No. _____ Exp. _____ <small>(electrical or plumbing) (date)</small></p> <p>Fax. No. _____</p> <p>Email _____</p>
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<p style="text-align: center;"><b><u>Property Information</u></b></p> <p>District _____</p> <p>Street Address (if available) _____</p> <p>Block _____ Parcel _____</p> <p>Permit No. _____</p> <p>Preferred Inspection Date: _____ AM / PM <small>(select one of the above)</small></p> <p style="text-align: center;"><b><u>Type of Inspection</u></b> (one form per discipline)</p> <p><b><u>Mechanical</u></b></p> <p><input type="checkbox"/> Rough-in    <input type="checkbox"/> Final</p> <p><b><u>LPG</u></b></p> <p><input type="checkbox"/> Rough-in    <input type="checkbox"/> Final</p>	<p><b><u>Building</u></b></p> <p><input type="checkbox"/> Footing / Foundation    <input type="checkbox"/> Slab    <input type="checkbox"/> Walls/Belting</p> <p><input type="checkbox"/> Staircase    <input type="checkbox"/> Roof    <input type="checkbox"/> Framing</p> <p><input type="checkbox"/> Fire Assembly    <input type="checkbox"/> Final</p> <p><b><u>Plumbing</u></b></p> <p><input type="checkbox"/> Rough drainage &amp; vents    <input type="checkbox"/> Rough Water    <input type="checkbox"/> Final</p> <p><b><u>Electrical</u></b></p> <p><input type="checkbox"/> Underground    <input type="checkbox"/> Slab    <input type="checkbox"/> Ceilings/Walls    <input type="checkbox"/> Generator</p> <p><input type="checkbox"/> Mains    <input type="checkbox"/> Bonding    <input type="checkbox"/> Temporary    <input type="checkbox"/> Final</p>
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**Segment Description:**

Person Making Request (PLEASE PRINT) _____	Date _____	Date Stamp
Signature <small>(click on line to insert signature image or print and sign manually then scan)</small> _____	Electrician or Plumber License # _____	Exp. _____

**PLEASE NOTE:**

- **INCORRECT or INCOMPLETE inspection requests will NOT be processed. Each request MUST include Block & Parcel as well as Permit number.**