



**MORGAN COUNTY PLANNING AND DEVELOPMENT**

**Post Office Box 1357  
150 East Washington Street, Suite 200  
Madison, Georgia 30650  
(706) 342-4373 Office (706) 343-6455 Fax**

Time Submitted: \_\_\_\_\_

**REQUEST FOR INSPECTION FORM**

*If work is incomplete when inspectors arrive, a \$50 re-inspection fee will apply.  
Make sure work is complete before requesting an inspection.*

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Name on Permit: \_\_\_\_\_

Site Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot#: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

**CHECK TYPE OF CONSTRUCTION:**

- |                    |                     |                         |                      |
|--------------------|---------------------|-------------------------|----------------------|
| _____ Agricultural | _____ Dock/ Seawall | _____ Manufactured Home | _____ Pool           |
| _____ New Home     | _____ DCA Home      | _____ Multi-Family      | _____ Service Change |
| _____ Commercial   | _____ Out Building  | _____ Garage            | _____ Other          |
| _____ Industrial   | _____ Addition      | _____ Remodel           |                      |

Explain other: \_\_\_\_\_

**CHECK TYPE OF INSPECTION REQUESTED:**

- |                              |                    |  |
|------------------------------|--------------------|--|
| _____ Gas                    | _____ Consult      | _____ Framing                              |
| _____ Driveway Culvert       | _____ Slab         | _____ Electrical                           |
| _____ Silt Fence             | _____ Envelope     | _____ Plumbing                             |
| _____ Temp Pole              | _____ Rough-In     | _____ Mechanical                           |
| _____ Footing                | _____ Insulation   | _____ Ceiling Cover                        |
| _____ Under Slab Plumbing    | _____ Final        | _____ Wall Cover                           |
| _____ Underground Electrical | _____ Ditch/Trench | _____ Pool Bonding                         |
| _____ Foundation Wall        | _____ Set-Up       | _____ Certificate of Occupancy/ Completion |

Explain Other: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I would like to be present during inspection

- **PLEASE NOTE: All inspection requests must be received by 4:00pm prior to the inspection date requested; any requests received after 4:00pm will not be placed on the next day's schedule.**
- **All inspection requests will be scheduled according to daily workload.**
- **No inspection times or appointment times will be given.**
- **Consultations are by appointment only.**

Inspection Date Requested: \_\_\_\_\_