



Town of Cutler Bay
10720 Caribbean Blvd, Suite 110
Cutler Bay, Florida 33189
Tel: 305-234-4193 Fax: 305-234-5873

INSPECTION REQUEST FORM

YOU MAY DROP-OFF THIS REQUEST AT THE BUILDING DEPARTMENT DURING REGULAR BUSINESS HOURS MONDAY THROUGH FRIDAY, 8:00 AM TO 3:00 PM OR FAX THIS REQUEST TO 305-234-5873 BEFORE 3:00 PM AND THE INSPECTION WILL BE DONE THE NEXT BUSINESS DAY.

PERMIT NO. _____ PHONE NO. _____ DATE: _____

CONTRACTOR'S /OWNER'S NAME: _____

JOB ADDRESS: _____

REQUESTED BY: _____

INSPECTION TYPE:

Please circle the inspection you are requesting.

BLDG:	PLBG:	ELECT:	MECH:	ROOF:	ZONING:
FOUND	ROUGH	TEMP	ROUGH	TIN CAP	DUMPSTER
SLAB	PIPE	SLAB	SPRINK	HOT MOP	FENCE
TIE BEAM	TANK	ROUGH	TEST	IN-PROG	FINAL
FRAMING	FINAL	FINAL	FINAL	FINAL	

OTHER (EXPLAIN): _____

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE BUILDING DEPARTMENT AT (305) 234-4193.