



TOWNSHIP OF NORTH BERGEN

OFFICE OF CONSTRUCTION OFFICIAL

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&
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CONSTRUCTION DEPARTMENT INSPECTION REQUEST

MUST BE COMPLETED CORRECTLY AND IN ITS ENTIRETY OR REQUEST WILL BE REJECTED

TODAYS DATE: _____

DATE OF REQUESTED INSPECTION: _____

(MONDAY, TUESDAY, WEDNESDAY, THURSDAY OR FRIDAY)

PERMIT NUMBER: _____

ADDRESS: _____

UNIT NUMBER: _____

BUILDING: _____

ELECTRIC: _____

PLUMBING: _____

FIRE: _____

MECHANICAL: _____

TYPE OF INSPECTION: _____

NAME AND CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____