

Request for Inspection and/or Coordinated Occupancy Demonstration

Firestopping Inspection Plumbing Inspection Partial or Progress Inspection Final Inspection

(Note: for partial occupancies, include a plan drawing of indicating the specific area required.)

Date: _____

FAP/Project Number: _____

(Project Name) _____

(Location) _____

The project team should allow adequate time between final review(s) and the required occupancy date to allow for: the review and acceptance of the final documentation by CCPO and our consultants; and/or the resolution of any outstanding issues by the project contractor/consultants.

For final inspections, this request confirms that a site review of the construction progress has been conducted by the design consultant(s) and contractor and that we have determined that construction has reached 100% of the total scope. On this basis, the undersigned request an inspection of the total completion of the work.

Requested date/time of inspection:

Month / Day / Year / Time

Note: this request must be received by the CCPO at least **five (5) business days** prior to the required inspection date.

Anticipated Date for Occupancy/Use of the project area or system:

Month / Day / Year / Time

Architect's or Professional Engineer's Name (Print)

Contractor's Project Manager's Name (Print)

Architect's or Professional Engineer's Signature

Contractor's Project Manager's Signature

Name of Architect's or Professional Engineer's Firm

Name of Contractor's Firm

Address

Address

Telephone

Email Address

Telephone

Email Address