

**SCHOOL BOARD OF POLK COUNTY
ACTIVITY/INSPECTION REQUEST FORM**

PROJECT NAME: _____

DATE: ____

BUILDING NO. _____

TIME: ____

CONTRACTOR: _____

FAX: Facilities: (863) 519-8255

Attention: Inspection Services

E-Mail: inspectionservices@polk-fl.net

Inspectors Name: _____

Fire Marshal/Fax No. _____

These activities shall be inspected prior to proceeding. Check appropriate box for activity.
Additional inspections may be required.

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Underground: | <input type="checkbox"/> Electric | <input type="checkbox"/> Structural Steel |
| | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical/Plumbing Rough-In |
| | <input type="checkbox"/> Storm Water | <input type="checkbox"/> Pre-Roof Conference |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Pre-Rock/Shingle |
| <input type="checkbox"/> Footer Reinforcing Steel | | <input type="checkbox"/> Pre-Wire Conference for Fire Alarm & Intercom |
| <input type="checkbox"/> Pre-Slab/Grade | | <input type="checkbox"/> Above Ceiling |
| <input type="checkbox"/> Fill Cell | | <input type="checkbox"/> Sidewalk/Driveway Grade (Pre-Asphalt Inspection) |
| <input type="checkbox"/> Tie Beam | | <input type="checkbox"/> Fire Systems, specify ____ |
| <input type="checkbox"/> Termite Treatment (PCSB) | | <input type="checkbox"/> Other ____ |
-

Date & Time of Inspection Requested: _____

Relevant Mix Design or Specification: _____

Concrete: Mix # _____ , Slump _____ , Amount ____

Date & Time of Pour: _____

Threshold Inspection Needed Building # _____

Contractor (sign) As Ready _____

Inspection Passed / Failed Inspector (sign) _____

Date OK'd to Proceed _____

Date Failed _____ Reason _____

Threshold Inspector Called _____

Testing Firm Called _____

PCSB Inspector Called _____