



P O T E A U
O K L A H O M A

above the ordinary.

Building Permit Inspection Checklist

Date: _____

Permit Number: _____

Location: Address _____

Intent: Build Remodel Repair Re-roof Re-side Add-on Move-in

Building Type: Residential Mobile Home Duplex Apartments Numbered Units
Business
Commercial
Non-residential Describe _____

Intended Water Source: City Water Rural water Private Well Other
City Sewer Septic Tank Other

Inspection List:

	<i>Date</i>	<i>Time</i>
Footing	_____	_____
Flooring	_____	_____
Framing	_____	_____
Mechanical	_____	_____
Plumbing		
Rough-in	_____	_____
Top	_____	_____
Final	_____	_____
Electrical		
Temporary	_____	_____
Rough-In	_____	_____
Final	_____	_____

Owner _____ Address _____ Phone _____
 Builder _____ Address _____ Phone _____
 Plumbing Contractor _____ Address _____ Phone _____
 Electrical Contractor _____ Address _____ Phone _____