

**GOVERNMENT OF THE VIRGIN ISLANDS**  
**DEPARTMENT OF PLANNING AND NATURAL RESOURCES**  
**DIVISION OF PERMITS**

STT/STJ DISTRICT  
 TEL: (340) 774-3320 FAX: (340) 714-9532

STX DISTRICT  
 TEL: (340) 773-1082 FAX: (340) 778-4620

**INSPECTION REQUEST FORM**

DATE: \_\_\_\_\_ REQUESTED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

LOCATION OF BUILDING: \_\_\_\_\_

BUILDING PERMIT NO.: \_\_\_\_\_ BUILDER: \_\_\_\_\_

ELECTRICAL PERMIT NO.: \_\_\_\_\_ ELECTRICIAN: \_\_\_\_\_

PLUMBING PERMIT NO.: \_\_\_\_\_ PLUMBER: \_\_\_\_\_

REMARKS: \_\_\_\_\_

PLEASE GIVE EXPLICIT WRITTEN AND/OR GRAPHIC DIRECTIONS TO PROPERTY

BUILDING	ELECTRICAL	PLUMBING
<input type="checkbox"/> Footings/Cistern Bottom	<input type="checkbox"/> Floor Slab	<input type="checkbox"/> Floor Slab
<input type="checkbox"/> Foundation/Footings/Floor Slab	<input type="checkbox"/> Rough-in (walls)	<input type="checkbox"/> Rough-in (walls)
<input type="checkbox"/> Walls	<input type="checkbox"/> Temporary Power	<input type="checkbox"/> Main Distribution Line/Sewage System
<input type="checkbox"/> Columns	<input type="checkbox"/> Meter Relocation	<input type="checkbox"/> Re-inspection
<input type="checkbox"/> Beams	<input type="checkbox"/> Other _____	Other _____
<input type="checkbox"/> Roof	<input type="checkbox"/> Re-inspection	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Mechanical
<input type="checkbox"/> Re-inspection		

FLOOD
<input type="checkbox"/> Certificate of Elevation

NOTE: Pursuant to Title 29 Chapter 5 § 294 (b) of the VI Code, approved set of plans should be readily available to Inspectors and the permit shall be prominently displayed at the site of work.

**DEPARTMENTAL USE ONLY**

BUILDING/FLOOD	ELECTRICAL	PLUMBING/MECHANICAL
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail
<input type="checkbox"/> Discrepancies	<input type="checkbox"/> Discrepancies	<input type="checkbox"/> Discrepancies
Comments: _____	Comments: _____	Comments: _____
Inspected By: _____	Inspected By: _____	Inspected By: _____
Date: _____	Date: _____	Date: _____