



**INFORMATION SHEET FOR USE OF PRIVATE PROVIDER
NOTICE TO BUILDING OFFICIAL COVER PAGE**

REVISED: 2/22/2022

PROJECT INFORMATION

Permit Number: _____
Project Address: _____
Property Owner: _____
Owner Phone#: _____ Owner Email: _____

PRIVATE PROVIDER SERVICES TO BE PROVIDED

- | | | |
|--|---|--|
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Inspections (Roofing) | |
| <input type="checkbox"/> Inspections (Foundation/Slab) | <input type="checkbox"/> Inspections (Above Slab) | <input type="checkbox"/> Inspections (Mechanical) |
| <input type="checkbox"/> Inspections (Electrical) | <input type="checkbox"/> Inspections (Plumbing) | <input type="checkbox"/> Inspections (Complete Permit) |

NOTE: Private Provider to perform all inspections in the category selected.

CONTRACTOR CONTACT INFORMATION

Company Name: _____
Qualifier: _____
Phone#: _____ Email: _____
Primary Contact: _____
Phone#: _____ Email: _____
Secondary Contact: _____
Phone#: _____ Email: _____