



DEPARTMENT OF ADMINISTRATIVE SERVICES

Office of the State Building Inspector & Office of the State Fire Marshal

Inspection Request & Report

All inspections require 48 hour notice and shall be **emailed to:**
OSBI.Inspections@ct.gov and copied to the OSBI/OSFM lead inspector(s).

(This portion to be completed by Construction Administrator)

Project Name: _____

Building Permit No.: _____ Project No.: _____

Date of Requested Inspection: _____ Time: _____ Requested by: _____

Area(s) to be inspected: _____

Pre-inspection conducted by construction administrator. (Name): _____

(OSBI Use only below this line)

INSPECTION DATE:	INSPECTED BY:	ISSUED TO:
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INSPECTION RESULT(S) AND EXPLANATORY COMMENTS:

*Division of Construction Services
Office of the State Building Inspector
450 Columbus Boulevard, Suite 1303
Hartford, CT 06103
Tel: 860-713-5900 Fax: 860-713-7410
Affirmative Action/Equal Opportunity Employer*

INSPECTION RESULT(S) AND EXPLANATORY COMMENTS (continued):