**Town of Aberdeen**

**115 N. Poplar Street Planning Department Phone: 910-944-7024**

**PO Box 785 Building Inspections Fax: 910-944-7459**

**Aberdeen, NC 28315**

**Inspection Request**

**Property Information**

**Property Address: (Bold and Possibly in Red)**

**Special Conditions Apply: Yes/No**

Owner: From Tax record but would like to be able to manually change if needed

Tax ID: From Tax Record Occupancy Type: (Residential/Commercial)

LRK#: From Tax Record *If Residential: Single-Family or Multi-Family*

Lot Number: From Tax Record *If Commercial: Option to Fill in Proposed use*

**Applicant Information:**

Name: Staff Generated Business Name: Staff Generated

Phone#: Staff Generated Mailing Address: Staff Generated

Email: Staff Generated

**Type of Inspection: Note Field**

Everything else will be hand written by Inspectors

Inspection #1 : Pass\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Fail\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Inspection #2 : Pass\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Fail\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Inspectors Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Planning Approval Date Applicant Signature Date