

Inspection Report
Village of Lansing
Building Department
3404 Lake Street Lansing, Illinois 60438
(708) 895-7193

Permit #: _____ Permit Date: _____

Address: _____ Date: _____

Contractor: _____ Time: _____

Owner: _____

Type of Inspection: _____

Comments:

Please call for inspection when corrections have been completed. Acceptance and approval by an inspector of this department is required and must be corrected in _____ days.

Inspector: _____