

TOWN OF CARVER

Permitting Department

108 Main Street, Carver, MA 02330 Tel: 508-866-3450 • Fax: 508-866-3430

Please fill out the enclosed Request for Plumbing or Gas Inspection form and include it **every permit**. The permit will <u>not</u> be processed without this inspection form.

Please indicate when you would like the inspection (Monday, Wednesday or Friday). If you are not ready for the inspection, just check off the "Will Call" box. When you are ready for inspection, call George Greenwood's cell phone at 508-254-6454.

Thank you.

Permitting Department Carver Town Hall



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REQUEST FOR PLUMBING OR GAS INSPECTION

This form must be included with ALL Plumbing or Gas permits

SOMEONE MUST BE AT THE LOCATION FOR AN INSPECTION

Part – 1	PLUMBING PERMIT#
	GAS PERMIT#
	COMBO PERMIT#(Office will fill in permit # when processed)
Today's Date:	
l,	hereby request an inspection
under Massachusetts Genera	ll Law Chapter 142.
Job Location:	
Contact Phone #:	Will Call Will Call
Date Requested:	
Monday	> Wednesday Friday
PART – 2 TYPE OF INSPECTI	ON REQUESTED
Rough Inspection for: _	
Final Inspection for:	
Re-Inspection for:	
Other:	
	Licensee Signature:
Comments:	
This section to be comp	oleted by Carver Inspector of Plumbing & Gas
Inspection Date:	Inspector:
Approved	Disapproved No Access
Comments:	