



# CONSTRUCTION & ZONING COMPLIANCE INSPECTION FORM

## Commercial / Industrial / Subdivision

Place this record of inspection at the job site. This sheet must be readily available to the inspector at the time of inspection. Inspector must enter date, time, initials and state type of inspection below for *every* inspection made on this project. Call (937)548-4930 to be added to the inspection schedule. Inspections are limited to 8:30 a.m. - 4:00 p.m., Monday – Thursday and 8:30 a.m. – 12:30 p.m. Friday (except legal holidays). If this inspection sheet is not made available, the inspection will not be performed and will have to be rescheduled.

Required Inspections

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Road Subbase Grade      | <input type="checkbox"/> Fire Main Flush Test     | <input type="checkbox"/> Asphalt                  |
| <input type="checkbox"/> Road Subbase Compctn    | <input type="checkbox"/> 200# Hydrostatic Test    | <input type="checkbox"/> AC3000                   |
| <input type="checkbox"/> Stone Base Grade        | <input type="checkbox"/> Fire Alarm               | <input type="checkbox"/> Street Lights            |
| <input type="checkbox"/> Stone Base Compaction   | <input type="checkbox"/> Fire Suppression         | <input type="checkbox"/> Pavement Markings        |
| <input type="checkbox"/> Curb & Gutter           | <input type="checkbox"/> Fire Pump Test           | <input type="checkbox"/> Street/Traffic Signs     |
| <input type="checkbox"/> Sanitary Piping Bedding | <input type="checkbox"/> Sprinkler/Standpipe Sys. | <input type="checkbox"/> As Built Drawings        |
| <input type="checkbox"/> Water Piping Bedding    | <input type="checkbox"/> Hydrostatic Test         | <input type="checkbox"/> Submitted                |
| <input type="checkbox"/> Storm Piping Bedding    | <input type="checkbox"/> Hood System              | <input type="checkbox"/> Property Pins In Place   |
| <input type="checkbox"/> Air Test                | <input type="checkbox"/> Fire Safety              | <input type="checkbox"/> Zoning / Structure (fee) |
| <input type="checkbox"/> Mandrel Test            | <input type="checkbox"/> Water Pressure Test      | <input type="checkbox"/> Street Opening (fee)     |
| <input type="checkbox"/> _____                   | <input type="checkbox"/> _____                    | <input type="checkbox"/> Sanitary Tap (fee)       |
| <input type="checkbox"/> _____                   | <input type="checkbox"/> _____                    | <input type="checkbox"/> Water Tap (fee)          |

Note: Where (fee) is noted, the applicant is responsible for paying related fees. The inspectors do not collect fees.

Date	Time	Initial	Comments /Type of Inspection

When all applicable inspections have passed, bring this inspection sheet to the City Planning & Zoning Office for the Certificate of Zoning Compliance.

