



# University of Massachusetts- Lowell

Environmental & Emergency Management

220 Pawtucket Street, Suite 140, Lowell, MA 01854

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## FINAL Inspection Request- Building

Permit Number \_\_\_\_\_

1) Date(s) requested: \_\_\_\_\_  
Please provide 3 dates with AM or PM requested

2) Location of Inspection: \_\_\_\_\_  
Building Name Room(s)

Address of inspection: \_\_\_\_\_  
Number Street Name

3) UML Project Manager: \_\_\_\_\_

DCAM/UMBA Project Manager: \_\_\_\_\_

4) Required attachments ***as applicable to this request*** for final inspection are:

- Copies, as applicable, of all UST, AST, Hazardous Materials, Elevator, and Boiler/pressure vessel permits/certificates
- Completed Special Inspection reports
- Third Party inspection reports of all system where available.
- Copies of all Commissioning Reports if available.

5) Description of inspection request. (specify scope, area, work, systems or items to be inspected):

### Inspection day on-site requirements:

General and Sub Contractor(s), as applicable, to be present for inspection and shall have on site original completed copies of the following for review/delivery to the Building Inspector:

- Complete set of construction plans as stamped approved by the Building Inspector
- Building Permit with final sign off by Plumbing Inspector, Wiring Inspector, Sheet metal Inspector, Fire Inspector, and other signatures as applicable
- Copies, as applicable, of all UST, AST, Hazardous Materials, Elevator, and Boiler/pressure vessel permits/certificates
- Copies of all third party and special inspection reports
- Copies of all applicable Construction Control Certification documents.

Requester: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_