



University of Massachusetts- Lowell

Environmental & Emergency Management
220 Pawtucket Street, Suite 140, Lowell, MA 01854

(978) 934-2618
Fax (978) 934-4018

Rough Inspection Request

1) Date(s) requested for inspection: _____
Provide 3 dates in order of preference include AM or PM

2) Location of Inspection: _____
Building Name Room(s)

Address of inspection: _____
Number Street Name

3) UML Project Manager: _____

DCAM/UMBA Project Manager: _____

4) Inspection(s) Discipline Requested:

	Permit #		Permit #
Building Inspection	_____	Fire Inspection	_____
Plumbing Inspection	_____	Sheet Metal	_____
Electrical (schedule direct)	_____		

5) Brief description of inspection requested. (specify locations, systems, or items to be inspected):

Inspection day on-site requirements:

Installing Contractor(s) to be present for inspection and shall have copies of the following on site as applicable:

- Written record of any previously completed test of systems being inspected during this visit
- Complete set of permit plans & specification as stamped approved by the appropriate AHJ
- Copies of listing sheets for all listed systems being inspected. This should include all fire rated partitions, walls, or assemblies as well as all fire stopping systems used

Requester: _____

Date of Request: _____

Firm: _____

Phone No.: _____

Email: _____

Fax: _____