

**BUILDING SERVICES  
DAVID R. MACKLEY / DIRECTOR  
PHONE: (815) 724-4070**



**Date of fax:** \_\_\_\_\_  
**(Must be received by 3:30pm)**

### **Inspection Email Request Form**

**\*Project Address:** \_\_\_\_\_ **LOT** \_\_\_\_\_

**\*Permit Number:** \_\_\_\_\_

**\*Name of Contractor:** \_\_\_\_\_

**\*Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**\*Inspection Type Requested:** \_\_\_\_\_

**\*Inspection Date Request (24 hour notice required):** \_\_\_\_\_

**\*A.M. or P.M. Inspection (preference only):** \_\_\_\_\_

**Special Instructions if applicable:** \_\_\_\_\_

**\*NOTE TO CONTRACTORS:**

**\*ALL INSPECTIONS WILL BE SCHEDULED FOR NEXT BUSINESS DAY AND REQUIRE A 24 HOUR NOTICE.**

**\*\*ALL FIELDS ARE REQUIRED TO BE COMPLETE OR NO INSPECTION WILL BE CONDUCTED\*\***

**\*\*\*(1) ONE REQUEST PER INSPECTION**