

TOWN OF YEMASSEE
PLANNING AND ZONING DEPARTMENT
(843) 589-2565

www.townofyemassee.org

Permit # CNEW-05-22-1042

Name: Alpha Genesis

Address: 95 Castle Hall Rd; Building 26B

Contractor: AGI

Date Requested: 6/2/22 Date of Inspection: 6/3/22

Inspection Number: INSP-2022-01266 TMS: R710 001 001 0023 0000

County: Beaufort Zoning: Office Commercial Dist

TYPE OF INSPECTION

| <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">P A S S</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">F A I L</div></div> | <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">P A S S</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">F A I L</div></div> | <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">P A S S</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">F A I L</div></div> |
|--|--|--|
| <input type="checkbox"/> Temporary Service Pole | <input type="checkbox"/> Rough in Electric | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Under Slab/Rough Plumb | <input type="checkbox"/> Rough in HVAC | <input type="checkbox"/> Permanent Electric |
| <input checked="" type="checkbox"/> Foundation/Footing | <input type="checkbox"/> Rough in Plumbing | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Slab | <input type="checkbox"/> Plumbing Stack Out | <input type="checkbox"/> C.O./Final |
| <input type="checkbox"/> Sheathing/Nail Pattern | <input type="checkbox"/> Framing | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Structural Review | <input type="checkbox"/> Pool/Spa Bonding | <input type="checkbox"/> Pool/Spa Final |
| <input type="checkbox"/> Fire Alarm Review | <input type="checkbox"/> Above Ceiling | <input type="checkbox"/> 200lb. Pressure Test |
| <input type="checkbox"/> Brick Ties | <input type="checkbox"/> Fire Final | <input type="checkbox"/> Other: _____ |

VIOLATIONS NOTED: _____

Inspected By: Donald S. [Signature] Date: 6/8/22