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TOWN OF YEMASSEE
PLANNING AND ZONING DEPARTMENT
(843) 589-2565
www.townofyemassee.org

Permit # _____

Name: 2 - Yemassee Hwy

Address: 2 Yemassee Hwy

Contractor: Boyd Powell

Date Requested: 6-7-22-22 **Date of Inspection:** 7-22-22

Inspection Number: _____ **TMS:** _____

County: Hampton **Zoning:** VCD

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><input type="checkbox"/> <input type="checkbox"/> Temporary Service Pole <input type="checkbox"/> <input type="checkbox"/> Under Slab/Rough Plumb <input type="checkbox"/> <input type="checkbox"/> Foundation/Footing <input type="checkbox"/> <input type="checkbox"/> Slab <input type="checkbox"/> <input type="checkbox"/> Sheathing/Nail Pattern <input type="checkbox"/> <input type="checkbox"/> Structural Review <input type="checkbox"/> <input type="checkbox"/> Fire Alarm Review <input type="checkbox"/> <input type="checkbox"/> Brick Ties</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><input checked="" type="checkbox"/> <input type="checkbox"/> Rough in Electric <input type="checkbox"/> <input type="checkbox"/> Rough in HVAC <input type="checkbox"/> <input type="checkbox"/> Rough in Plumbing <input type="checkbox"/> <input type="checkbox"/> Plumbing Stack Out <input type="checkbox"/> <input type="checkbox"/> Framing <input type="checkbox"/> <input type="checkbox"/> Pool/Spa Bonding <input type="checkbox"/> <input type="checkbox"/> Above Ceiling <input type="checkbox"/> <input type="checkbox"/> Fire Final</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><input type="checkbox"/> <input type="checkbox"/> Insulation <input type="checkbox"/> <input type="checkbox"/> Permanent Electric <input type="checkbox"/> <input type="checkbox"/> Mobile Home <input type="checkbox"/> <input type="checkbox"/> C.O./Final <input type="checkbox"/> <input type="checkbox"/> Gas <input type="checkbox"/> <input type="checkbox"/> Pool/Spa Final <input type="checkbox"/> <input type="checkbox"/> 200lb. Pressure Test <input type="checkbox"/> <input type="checkbox"/> Other: _____</div>
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VIOLATIONS NOTED: None

Inspected By: Dana G. Summers **Date:** 7-22-22