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TOWN OF YEMASSEE PLANNING AND ZONING DEPARTMENT

(843) 589-2565

www.townofyemassee.org

Permit # ELEC-08-22-1070

Name: Schott
Address: 53 Yemassee Hwy
Contractor: TJA Electrical, LLC.
Date Requested: 8/12/22 Date of Inspection: 8/16/22
Inspection Number: INSR-2022-01280 TMS: 204-03-02-001
County: Hampton Zoning: R2A

TYPE OF INSPECTION

<div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; font-size: 8px;">PASS</div><div style="border: 1px solid black; padding: 2px; font-size: 8px;">FAIL</div></div>	<div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; font-size: 8px;">PASS</div><div style="border: 1px solid black; padding: 2px; font-size: 8px;">FAIL</div></div>	<div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; font-size: 8px;">PASS</div><div style="border: 1px solid black; padding: 2px; font-size: 8px;">FAIL</div></div>
<input type="checkbox"/> <input type="checkbox"/> Temporary Service Pole	<input type="checkbox"/> <input type="checkbox"/> Rough in Electric	<input type="checkbox"/> <input type="checkbox"/> Insulation
<input type="checkbox"/> <input type="checkbox"/> Under Slab/Rough Plumb	<input type="checkbox"/> <input type="checkbox"/> Rough in HVAC	<input type="checkbox"/> <input type="checkbox"/> Permanent Electric
<input type="checkbox"/> <input type="checkbox"/> Foundation/Footing	<input type="checkbox"/> <input type="checkbox"/> Rough in Plumbing	<input type="checkbox"/> <input type="checkbox"/> Mobile Home
<input type="checkbox"/> <input type="checkbox"/> Slab	<input type="checkbox"/> <input type="checkbox"/> Plumbing Stack Out	<input type="checkbox"/> <input type="checkbox"/> C.O./Final
<input type="checkbox"/> <input type="checkbox"/> Sheathing/Nail Pattern	<input type="checkbox"/> <input type="checkbox"/> Framing	<input type="checkbox"/> <input type="checkbox"/> Gas
<input type="checkbox"/> <input type="checkbox"/> Structural Review	<input type="checkbox"/> <input type="checkbox"/> Pool/Spa Bonding	<input type="checkbox"/> <input type="checkbox"/> Pool/Spa Final
<input type="checkbox"/> <input type="checkbox"/> Fire Alarm Review	<input type="checkbox"/> <input type="checkbox"/> Above Ceiling	<input type="checkbox"/> <input type="checkbox"/> 200lb. Pressure Test
<input type="checkbox"/> <input type="checkbox"/> Brick Ties	<input type="checkbox"/> <input type="checkbox"/> Fire Final	<input type="checkbox"/> <input checked="" type="checkbox"/> Other: <u>Final COFC</u>

VIOLATIONS NOTED: _____

Inspected By: [Signature] Date: 8/19/22