

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

**www.townofyemassee.org**

**Permit #** MH001-02-21-1007

**Name:** Strubbe

**Address:** 21 Hunt St

**Contractor:** \_\_\_\_\_

**Date Requested:** \_\_\_\_\_ **Date of Inspection:** 9/15/22

**Inspection Number:** \_\_\_\_\_ **TMS:** \_\_\_\_\_

**County:** Hampton **Zoning:** R2A

**TYPE OF INSPECTION**

<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px;">PASS</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px;">FAIL</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px;">PASS</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px;">FAIL</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px;">PASS</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px;">FAIL</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 checked="" 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 type="checkbox"/> Other: _____

**VIOLATIONS NOTED:** (1) Address Reground on lane & street

(2) Add local grounding Rod Reground 6' Away From ex-st.

(3) Ensure All components are covered.

**Inspected By:** Troy L. [Signature] **Date:** 9-15-22

X - Steps Not Cate (complaint)  
Insulate Fresh water lines

White - Site Copy

Yellow - File Copy

Pink - County Copy